

Partnerships in early childhood program

Final Evaluation Report

Prepared for The Benevolent Society

SPRC Report 7/10

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Executive Summary

The Benevolent Society works in partnership with Wyong Shire Council, Campbelltown City Council, KU Children's Services and Lady Gowrie Child Centre to deliver Partnerships in Early Childhood (PIEC) in 14 long day centres and preschools (referred to hereafter as centre-based children's services). The PIEC program is funded under the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, Stronger Families and Communities Strategy (SFCS), Invest to Grow Initiative. The Social Policy Research Centre has been contracted to evaluate the program.

PIEC builds on the existing strengths, skills and resources of major child care providers to promote strong, healthy relationships between children, child care centre staff, families and communities. It achieves this by placing a child and family worker in the child care and preschool setting to train and support staff to increase their understanding of children's behaviours. This, in turn, will improve their ability to support children and their families. The program fosters children's social-emotional development through a relationships approach to intervention. The child and family worker can also assist families with all aspects of parenting and act as a resource person and 'bridge' to support services and programs within the local community.

This report summarises the findings from the impact evaluation and the process evaluation. Outcomes data was collected from March 2006 through to November 2007 and interviews for the process evaluation were conducted in August 2006 and October 2007.

The PIEC model is based on research linking high quality interventions that focus on developing secure relationships between child care staff and children and improved outcomes for children, particularly high-risk children. Children who are securely attached to staff display more competent interaction with adults and more advanced peer play during child care years. Education and support for parents in fostering secure relationships with children is also conducted. Therefore the evaluation measures focus on changes in the quality of relationships between staff and children, and between parents and children, and follow the social-emotional development of children over the funding period.

Overall the evaluation findings show that changes relating to the Invest to Grow Priority Areas of 'early learning and care' and 'supporting families and parents' have occurred, in particular the relationships between children and staff and children and parents; the social-emotional development of children; and to some degree, community connectedness.

Impact evaluation

PIEC operates in three communities in New South Wales, referred to as Area 1, Area 2 and Area 3. Analysis in this report is broken down by area to take account of differences between these localities. From the demographic data it is evident that significant differences exist between the areas. Reflecting the characteristics of the area's population, Area 1 had the highest proportion of parents born overseas, who spoke a language other than English at home, and relied on a government pension or benefit as their main source of income, compared to the other areas.

The impact evaluation uses a pre-and post-test longitudinal design to examine changes in relationships between children and staff and children and parents; the social-emotional development of children; and community connectedness. These areas relate to the Invest to Grow Priority Areas of ‘early learning and care’ and ‘supporting families and parents’.

Originally it was intended to collect data from a comparison group; however practical constraints, financial consideration and difficulties in matching family demographic and centre characteristics with other centres proved too difficult. The instruments used within this analysis are based on those used in the Longitudinal Study of Australian Children (LSAC) and whilst it was originally intended that the sample be compared to the broader population data available in LSAC, investigation revealed that the closest reference point would be a state level comparison.

Quantitative data was collected from staff and parents for the impact evaluation. Questionnaires included standardised instruments to assess the relationship between staff and children and the relationships between parents and children, and to assess any concerns in children’s social-emotional development and externalising behaviour problems. Demographic data was collected from parents. Other items related to parenting self-efficacy and community connectedness. Data from staff on training and experience was collected. From the second round of data collection both parents and staff were asked to rank the usefulness of the intervention. Bi-variate and multivariate analysis was used in the analysis.

Results: attachment relationships

The Student-Teacher Relationship Scale (STRS) is a self-reported assessment of staff’s perceptions of the quality of their relationship with the children. Parents complete the Child-Parent Relationship Scale (CPRS).

While the majority of staff started off with positive and effective relationships with the children, over time there was a significant increase in staffs’ ratings of the closeness of these relationships. At baseline, some parents indicated higher levels of dependency in their relationships with their children when compared with staff. ‘Dependency’ describes exaggerated, clingy dependence and reflects insecure attachments. Over time for parents there was a reduction in their ratings of dependency, which suggests that children have become more secure in their relationships with their parents.

The main changes as reported by staff over time, based on the bi-variate analysis, include:

- Across all areas staff’s ratings of levels of dependency has decreased.
- Staff’s ratings of closeness have increased in Areas 1 and 3 combined.

The main changes as reported by parents over time, based on the bi-variate analysis, include:

- Significantly lower levels of dependency across all areas.

- Overall there are movements in a positive direction across the remainder of subscales and total CPRS for all areas although not at a statistically significant level.

Multivariate analysis revealed an increase in staff's ratings of closeness in Area 1 and Area 3.

Results: social-emotional development

Two scales are used to measure changes in children's *social-emotional well-being*. These are age-dependent and the age of the child determines which scale is used at each time period. The Brief Infant Toddler Social Emotional Assessment (BITSEA) is completed by parents and staff for children aged 12 to 36 months. The Strengths and Difficulties Questionnaire (SDQ) is completed by parents and staff for children aged three years and over. Although at baseline most children's social-emotional development was not problematic, over time staff indicated positive changes in the overall social-emotional development of children and the way children interact with their peers.

The main changes reported by staff over time include:

- Significant decrease in peer problems.
- Significant increase in prosocial behaviour.

For parents the reported changes over time include:

- Significant decrease peer problems.
- Significant decrease in conduct problems
- Significant decrease in total difficulties

Results: experience of early education and care settings

PIEC also aims to improve the quality of children's early learning experience. One way to assess this is by asking caregivers or teachers how comfortable the child is in the child care centre or preschool. The Leiden Inventory for the Child's Wellbeing in Day Care was used as a measure of quality of the centre-based children's services by looking at the child's interactions with staff, other children, and the play environment.

The main changes over time reported by staff include:

- Significant increase in the ratings of how comfortable the children were in centre-based children's service across all areas combined.
- Significant increase in the ratings of how comfortable the children were in centre-based children's service across in Area 2 and 3.

No significant changes were evident over time using multivariate analysis controlling for age.

Results: parenting and access to support

PIEC also provides support to parents via information, individual and group sessions and opportunities to meet other parents. Over time there was a significant increase in the number of parents accessing support from the PIEC workers. Parents also

indicated changes in a positive direction in some areas of parenting including giving their children a reason why rules should be obeyed and enjoying doing things with their children.

Results: usefulness of PIEC

Overall, the evaluation shows the PIEC program was highly valued by partner organisations, staff and families, with the majority rating it as useful or very useful.

Over time there were significant changes in the numbers of staff rating playspaces useful or very useful. At T4 more than 80 per cent of staff indicated that the different aspects of the program were useful: including training in attachment and relationships, information on the child's social-emotional development, thinking and talking about children's development, feedback from the PIEC worker and providing information and resources to staff. Some differences between the areas are evident, most particularly in relation to linking families to support and services.

Process Evaluation

The process evaluation was conducted in six sites, two in each of the three areas and involved interviews with key personnel from the partner organisations, the Benevolent Society, children's services staff and parents. The interviews focused on the development and implementation of the program.

Overall, we found a very high level of support for the program from each group of participants in this evaluation: parents, PIEC staff, children's services staff and partner organisations. Participants also described barriers to the effective implementation of the program, which included reservations about specific elements of the program, or were based in difficulties in relationships between specific individuals or organisations. An additional barrier, external to PIEC, comes from the challenges of working with young children in centre-based early education and care. Several centres experienced quite severe pressures during the implementation of PIEC. The success of the program and its support from staff is therefore significant.

Conclusion

The evaluation found changes in the primary domains in which they were predicted according to the project model logic: attachment relationships; social-emotional development; and parenting with the exception of community connectedness. Because most children showed 'normal' behaviour at baseline, it was not anticipated that dramatic differences in behaviours would be shown over the course of the study. However, positive changes, although small in some cases, are evident in some areas, and there are promising indicators in others. This is the case for reductions in conflict and dependency, as higher levels are predictive of problem behaviours and poor school achievement. Another positive change is in attachment relationships, increasing closeness, indicating more secure attachment between staff and children, a core area of the intervention. Although it is always difficult to differentiate between the impact of a program such as PIEC and other factors that may have influence outcomes, these changes appear to be confirmed over the short-term. However, further analysis over a longer period is required to ascertain whether these improvements are sustained.

1 Introduction

Partnerships in Early Childhood Project (PIEC) aims to build on the existing strengths, skills and resources of major child care providers to promote strong, healthy relationships between children, child care centre staff, families and communities. The Benevolent Society works in partnership with Wyong Shire Council, Campbelltown City Council, KU Children's Services and Lady Gowrie Child Centre to deliver PIEC in 14 centre-based children's services (including long day care centres and preschools) in three regions within NSW. Individual areas are not identified in this report.

The PIEC program is funded under the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Stronger Families and Communities Strategy (SFCS), Invest to Grow initiative. The Social Policy Research Centre was contracted to evaluate PIEC.

1.1 Overview of PIEC

PIEC recognises the critical role that centre-based children's services play in the lives of children, families and communities. Centre-based children's services provide an ideal environment for engaging families with parenting issues and are often somewhere families turn to when they need assistance. PIEC builds on the existing strengths, skills and resources of major child care providers to promote strong, healthy relationships between children, child care centre staff, families and communities. PIEC is designed to benefit all children, families and staff at the participating centres. It builds on the existing strengths and relationships of universal services to improve the quality of early education and care provided to children and families, including disadvantaged children and families.

PIEC achieves this by placing a child and family worker in the centre-based children's services to train and support staff to increase their understanding of children's behaviours from an emotional needs perspective. This, in turn, improves the ability of staff to support all aspects of children's development and assist families with their parenting. PIEC is a preventative program with a strong focus on children's social-emotional development through fostering attachments between carers and children, parents and children and children with their peers. The child and family worker can also assist families with all aspects of parenting and act as a resource person and "bridge" to support services and programs within the local community.

Staff receive training and ongoing support from PIEC staff so children experience more predictable and supportive care. This occurs within an organisational change model. Staff are introduced to new concepts and language and supported to implement new practices, which transform relationships between staff and children. The PIEC program also extends the services provided to parents. Parents can access parent education sessions (mornings/evenings), informal parenting gatherings and individual support and counselling. These strategies are regarded as an important tool in increasing parenting confidence, reducing social isolation and developing their own informal social and support networks.

PIEC runs supported playgroups, open to all families in the local community and generally conducted in a community facility. The playgroups incorporate play-based

learning and other activities that promote child development and positive parent/child interactions. Access to childcare services is enhanced for children not currently enrolled by establishing trust in the system.

PIEC relies on developing local partnerships with service providers and strengthening existing infrastructures. By partnering with childcare centres, local councils and other existing service providers, the program leads to better integration across community services in the future.

In summary the main activities of PIEC include:

- a family worker or psychologist to work with and support centre-based children's services staff, children and families including high-need children and families;
- providing staff with hands-on training and supervision to increase their understanding of children's behaviours and relationship needs;
- a focus on the important daily transition moments for children, parents and staff (the children's arrival at and departure from the centre);
- supported playgroups and Parents Connect groups in the local community open to families from the centre and also to families living locally whose children are not enrolled at the centre;
- individual support and counselling for parents;
- parenting mornings, focusing on the needs and strengths of parents (the Benevolent Society's program of PlayPower workshops for parents are incorporated into these activities); and
- links with other local services providers, connecting families to services and to other community supports.

1.2 Objectives of PIEC

The overall aim of PIEC is to promote strong, healthy relationships between children, staff, families and communities.

The objectives of PIEC are to:

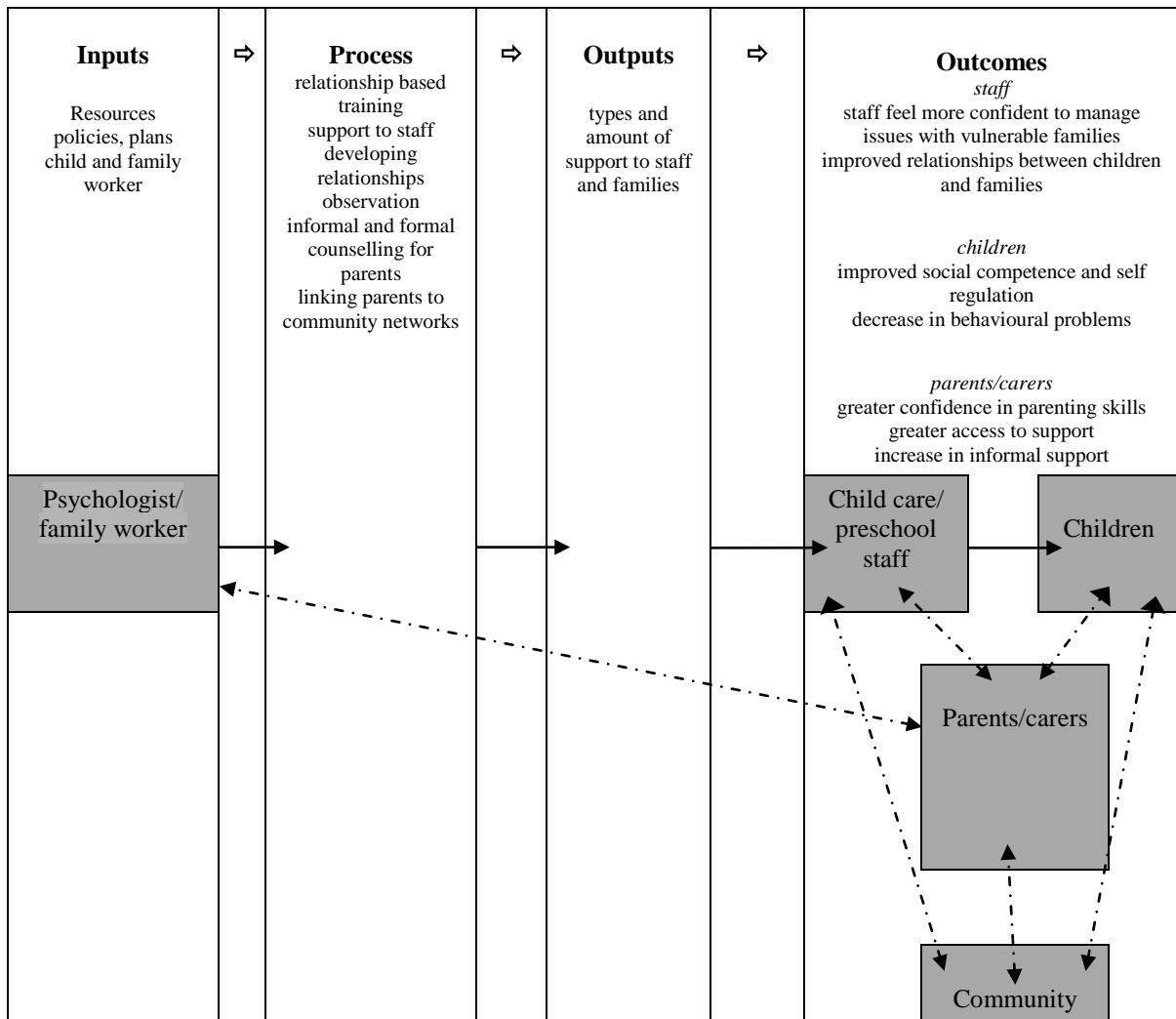
- Promote children's healthy emotional and social development.
- Contribute to improved outcomes for young children through prevention and early intervention
- Improve the quality of children's early learning experiences.
- Increase social and community connection.
- Improve family relationships.
- Increase the expertise of early childhood staff working with families with complex needs.
- To build the Australian evidence-base about what works in prevention and early intervention in early childhood.
- To develop information and resources for parents, professionals and communities.

- Develop centre-based children’s services as community hubs that are safe, non-threatening places to support vulnerable children and their families.

1.3 Project Logic

The PIEC model is based on evidence that the provision of training and layered supervision and support for staff, using a relationships approach, will increase their understanding of children’s behaviours and thereby improve their ability to support children, including high-need children, and their families. This will lead to improved relationships between children, parents, child care centre staff and communities; increased social competence and emotional regulation in children; and better quality care for children enrolled at the PIEC child care centres (see Figure 1.1).

Figure 1.1: Project Logic PIEC

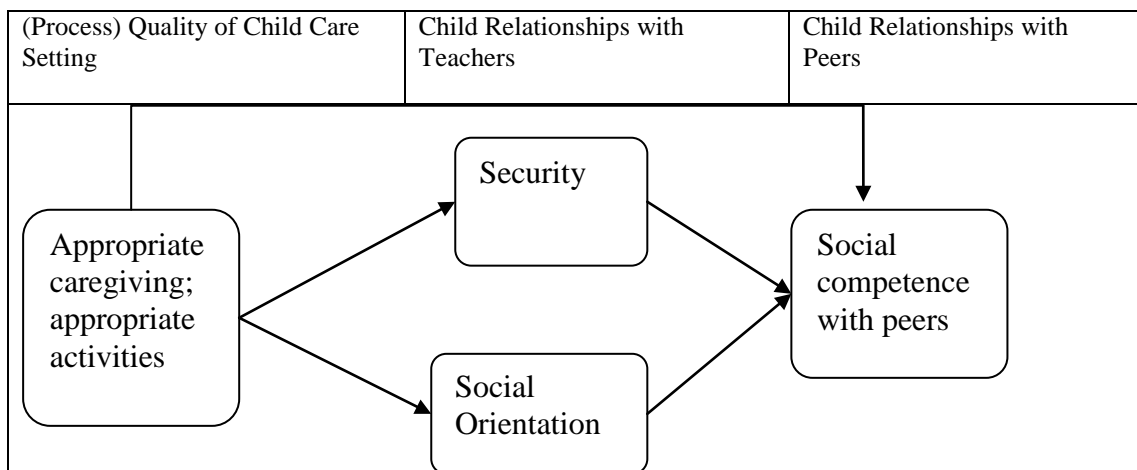


The PIEC program is developed from Bowlby’s theory of attachment and human development. According to attachment theory, people develop ‘mental representations’ of caregiving based on their early relationships. These representations have a long-term influence on expectations and interactions in other relationships, including parent-child relationships in the next generation (Bowlby, 1988; Suchman et al., 2006). Attachment relationships develop through warm, nurturing, responsive

and consistent patterns of interaction between children and carers. Interventions based on attachment theory therefore focus on child-carer relationships, and are intended to change more than the behaviours of children and carers. In particular, they aim to build sensitivity in the responses of carers to children’s behavioural cues signalling emotional distress, particularly during infant and toddler years. These interventions predict that increasing a carer’s capacity to reflect on the sensitivity of their response to children will enhance the child’s security and, in turn, reduce problems associated with the child’s externalising behaviour (Eagle, 2006).

Howes, Phillips and Whitebrook (1992) found that pathways move from the regulatable quality of child care settings (such as adult: child ratios) to the process quality of settings (such as appropriate caregiving and developmentally appropriate activities) to children’s relationships with teachers (securely attached) and peers (social competence). This is illustrated in Figure 1.2. The PIEC program intervenes in the *process quality* of child care settings to improve *relationships with teachers* and consequently *social-emotional regulation* of children.

Figure 1.2: (Simplified) model of pathway from child care quality to social-emotional regulation



(Howes et al., 1992)

In order to develop secure attachment relationships between carers and children, the PIEC program adopts training, resources and staff supervision from the Circle of Security protocol (Marvin et al., 2002). This program incorporates Ainsworth’s ideas of a Secure Base and a Haven of Safety (Ainsworth et al., 1978). The child and family worker provides training to staff in attachment concepts that relate to children’s exploratory and security needs. Through training and support staff learn how to be emotionally available when a child’s attachment system is activated. For example, the child and family worker can work with child care centre staff and parents to better support a child’s attachment needs at the difficult transition times of separation and reunion. This enables the staff to help children to experience a smooth transition into the child care centre and hence they are more ready to focus on their exploration and learning.

Attachment relationships are to be supported through changing staff knowledge and understanding (through supporting them to think about children’s behaviour in terms of need rather than control) and changing staff behaviour (through encouraging

practices that make them more predictable and available to children). The long-term outcomes of PIEC are expected to be increased quality of the child care settings, due to increased responsiveness and reflective capacity of caregivers, and children with secure attachment relationships and the capacity for emotional regulation.

In addition to fostering secure attachment relationships, PIEC aims to support families with all aspects of parenting. This was done through connecting isolated families and linking them to appropriate local services and programs. This will lead to improved family capacity and resources and an increase in social and community connectedness. In order to support parents and families in this way, groups such as supported playgroups and parent information and education sessions are run in some centres; and information and referral to services is offered to parents who need it.

The implementation of PIEC varies from site to site. Some have a stronger emphasis on attachment, and some on connecting families to services. In all sites, however, the PIEC worker supports staff in knowing about and responding to children's needs; supports changes in staff behaviour to build attachment relationships; and helps families connect to services and support as needed.

1.4 Anticipated PIEC Outcomes

Based on this model it is anticipated that PIEC will contribute to the following short to medium term outcomes for children, families and child care staff. These outcomes predominantly relate to the Invest to Grow Priority Area of 'early learning and care' and 'supporting families and parents'. These outcomes include:

- Improved relationships between children and their parents, children and other children, and children and child care staff.
- Child care and preschool staff will be better able to foster healthy emotional and social development for all children.
- Increased social competence and emotional self-regulation and a decrease in behavioural problems for children.
- Better quality care for children enrolled at the child care centres.
- Greater confidence in parents about their parenting skills.
- Greater access to support services for parents and informal support for their family.
- Child care centres established as a focal point for families in the community.

1.5 Outline of the Report

This report reviews the overall findings from both the summative or impact component and the formative or process component of the evaluation. The following sections describe the overall approach to the evaluation. Data collected at Time 1 through to Time 4 from staff and parents about attachment relationships and children's social-emotional development is outlined in Section 3. Information about parents and caregivers including perceptions of parenting skills, access to support and community connectedness, and changes in these domains over time, are outlined in Section 4. Section 5 reports on the perceived usefulness and effectiveness of implementation by staff and parents. Section 6 summarises the findings from the

process evaluation of the evaluation. The final section of the report summarises the overall findings from the evaluation and their significance and then discusses the conclusions and recommendations relating to sustainability and future development of PIEC.

1.6 Overview of PIEC Evaluation

The overall aims of the evaluation include: to provide information that monitors, assists and supports the further development and refinement of the PIEC program (formative/process evaluation); and to assess effectiveness of the PIEC program by monitoring the achievement of positive outcomes for children and families (summative/impact evaluation).

Table 1.1 summarises the evaluation questions, methods, outcomes and data sources. The overall approach is to establish baseline outcome measures in the key Invest to Grow (ITG) priority areas of ‘early learning and care’ and ‘supporting families and parents’, in relation to child and family functioning and ratings of relationships between children, child care centre staff, families and communities. Changes in these dimensions will be measured over the funding period. The evaluation includes a number of components of data collection and analysis.

- The impact evaluation assesses whether the project has achieved positive outcomes for children, families, staff and key stakeholders in the Invest to Grow priority area of ‘early learning and care’ and ‘supporting families and parents’. Data was collected at 4 points in time: March and November 2006, March 2007 and November 2007.

This component of the evaluation uses a pre-test post-test longitudinal design. Originally it was intended to collect data from a comparison group; however practical constraints, financial consideration and difficulties in matching family demographic and centre characteristics with other centres proved too difficult. The instruments used within this analysis are based on those used in the Stronger Families and Communities National Evaluation, Service User Questionnaire and the Longitudinal Study of Australian Children (LSAC).

- The formative or process component of the evaluation focuses on the development and implementation of the PIEC program. It reviews the extent to which services are delivered in the form envisaged by the Benevolent Society. Where the results of the project are not those envisaged, the evaluation design seeks to inform current and future developments of the PIEC program. Data for this component was collected twice: August 2006 and October 2007. This component also included a document review of project documentation including management guidelines, protocols relating to the orientation and induction process for staff, staff requirements and training manuals. More detailed information about the evaluation can be found in the PIEC Evaluation Framework Report (Thomson et al., 2005, see Appendix C).

Table 1.1: Evaluation Summary

Invest to Grow Priority Area	Evaluation Question	Evaluation Component	PIEC Program Outcomes	Data Sources
Early learning and care	Has PIEC achieved its objectives?	Impact Evaluation	Improved relationships between staff and children, children and children, child to parent Increase in children's social competence and emotional regulation Better quality care for children enrolled at the child care centres	Pianta's Reflective Functioning scale; Pianta's Teacher-child relationship scale; staff interviews; Service data collected periodically BITSEA; Strengths and Difficulties Q Leiden Inventory for the Child's Wellbeing in Day Care; Service Users Q parent interviews
Supporting families and parents	Has PIEC achieved its objectives?	Impact Evaluation	Greater confidence in parenting skills Greater access to support services for parents and informal supports for their family Child care centres established as a focal point for families in the community Better integrated services system	Pianta's parent-child relationship scale; Parent questionnaire; parent interviews Parent questionnaire; parent interviews Parent questionnaire; parent interviews
Early learning and care; Supporting parents and families	What factors supported or impeded the achievement of these objectives? What factors facilitated and inhibited the project logic model being implemented?	Project Logic, Process Evaluation	All outcomes	Document analysis; Key personnel interviews; Child care staff interviews or focus groups; Family interviews; Case studies
Early learning and care; Supporting parents and families	What are the most important factors which facilitate improved outcomes? Is the PIEC effective for all children and families?	Impact Evaluation, Process Evaluation Impact Evaluation	All outcomes	Document analysis; Key personnel interviews; Child care staff interviews or focus groups; Family interviews Service data collected periodically; BITSEA; Strengths and Difficulties Q; Parent questionnaire

2 Impact Evaluation: Overview

2.1 Evaluation questions

This component of the evaluation is designed to address the following questions:

- What were the short-term and medium-term outcomes of the project in the relevant Invest to Grow priority areas?
- What worked for whom and under what circumstances?
- Are further outcomes anticipated?
- In addition to PIEC what other factors were involved in achievement of outcomes?
- Have there been unanticipated outcomes, positive and negative?

2.2 Data Collection

The data collection instruments use standardised scales (summarised in Table 2.1) and appropriate sections of the questionnaires developed by the National Evaluators to collect data from child care staff and their parents/carers about themselves and the children for whom they care. These instruments were designed to be self-completed. PIEC staff were available to assist staff and families to complete the surveys if necessary (see Appendix A).

Standardised instruments

Standardised psychological scales were used in the surveys to measure anticipated changes in the relationship between children and staff, between children and parents, and in the social-emotional development of children.

Two scales were used to assess *the relationship between staff and children* and *the relationship between parents and children* and to measure any changes in the attitudes and perceptions of adults from limit setting and managing behaviour approach to a focus on developmental progression. Only staff who knew the children the best and parents completed these instruments. As these standardised scales required some familiarity with the child it was not possible to externally validate the scores.

The Pianta Student-Teacher Relationship Scale (STRS) was completed by staff. The STRS is a teacher-reported measure of the quality of the teacher's relationship with a child. It includes 28 statements concerning a teacher's feelings about his or her relationship with a child, the child's behaviours with a teacher, and the teacher's beliefs about the child's feelings toward the teacher. There is substantial evidence of associations between teachers' ratings of children's conflict, closeness, and dependency, and children's academic and social-emotional outcomes (Mashburn and Pianta, 2006).

The Pianta Child-Parent Relationship Scale (CPRS) is a modified STRS scale and completed by parents with three subscales of conflicts, positive aspects of relationship and dependence. It is designed to assess the parent's perception of the quality of the relationship with their child. The Pianta STRS and the CTRS both have a total scale which measures overall positivity in the relationship.

Two scales were used to measure changes in children's *social-emotional well-being* and the age of the child determines which scale is used at each time period.

The Strengths and Difficulties Questionnaire (SDQ) was completed by parents and staff for children aged three years and over. This is a UK measure that has been adapted for Australian use. It assesses a child's social-emotional well-being and emergent behavioural problems. It consists of 25 items completed by parents and teachers/carers. Items fall under five scales: emotional symptoms scale, conduct problems, hyperactivity scale, peer problems scale, and prosocial scale. These scales measure changes in children's cognitive development, social competence and emotional regulation. The SDQ is available in over 30 languages and is widely used in epidemiological, developmental and clinical research, as well as in routine clinical and educational practice (Goodman and Scott, 1999).

The Brief Infant Toddler Social Emotional Assessment (BITSEA) was completed by parents and staff for children aged 12 to 36 months. The BITSEA identifies emerging social-emotional problems in infants and toddlers. It has been shown to be a reliable and valid brief screener for infant-toddler social-emotional and behavioural problems and delays in competence (Briggs-Gowan et al., 2004).

One scale was used to assess the *child's experience of the child care setting*. The Leiden Inventory for the Child's Wellbeing in Day Care (LICW-D) is a Dutch measure developed to assess children's adjustment in their child care setting. It consists of 12 items rated on a 6-point Likert scale. Four aspects of well-being in day care are included in the Inventory: general well-being, well-being in the presence of caregivers, with group members, and within the physical care setting. As such, it provides a sensitive measure of the quality of the child's child care experience (DeSchipper et al., 2004). The LICW-D will be used to measure changes in adjustment over the course of the intervention. This scale is completed by staff only.

All of these scales can be used as continuous variables so that changes in the aggregate scores can be analysed over time. It is also possible to classify the scores according to critical cut off points.

Table 2.1: Summary of Standardised Instruments

Name	Age of child	Completed by	Domain	Data Collection Timeline
Pianta Child-Teacher Relationship Scale	All	Staff	Relationships and attachment	T1, T2, T3, T4
The Pianta Child-Parent Relationship Scale	All	Parents	Relationships and attachment	T1, T2, T3, T4
Strengths and Difficulties Questionnaire (SDQ)	36 months+	Parents and Staff	Social-emotional well-being	T1, T2, T3, T4
Brief Infant Toddler Social Emotional Assessment (BITSEA)	12-36 months	Parents and Staff	Social-emotional well-being	T1, T2, T3, T4
Leiden Inventory for the Child's Wellbeing in Day Care (LICW-D)	All	Staff	Quality of child care experience	T1, T2, T3, T4

Other information

Demographic information was collected from parents and staff. Staff were asked about their qualifications, level of education, how long they had been employed at the child care centre or preschool. Parents were asked country of birth, education, current work status and household income, questions about their parenting self-efficacy, perceptions of the local neighbourhood and access to services and support.

Questions on parenting and relationships were adapted from the National Evaluation of the Stronger Families and Communities Strategy Service Users Questionnaire and the Longitudinal Study of Australian Children (LSAC). These questions elicit information on family functioning.

Questions on community connectedness and access to services were adapted from the National Evaluation of the Stronger Families and Communities Strategy Service Users Questionnaire and LSAC. These questions elicit information on social capital. This information also gives important contextual information on the environment in which PIEC is being implemented. Subjective usefulness and satisfaction ratings for the PIEC were collected from staff and parents from T2 and T4.

3 Impact Evaluation Findings: Attachment and Social-Emotional Development

This section reports on the impact of the PIEC program on attachment relationships and social-emotional well-being. These relate to the ITG Priority Area of ‘early learning and care’ and ‘supporting families and parents’ and five PIEC objectives:

- To promote strong, healthy relationships between children, staff, families and communities.
- To promote children’s healthy emotional and social development.
- To increase child care and preschool staff ability to foster healthy emotional and social development for all children.
- To increase social competence and emotional self-regulation and a decrease in behavioural problems for children.
- To increase quality care for children enrolled at the child care centres.

This section of the analysis reports on data collected from staff and parents to test the following hypotheses, which relate to the PIEC program’s objectives

1. Due to being part of the PIEC program, ratings of relationships between children and staff (as reported by staff) and between parents and children (as reported by parents) will improve. Specifically, scores in the conflict and dependency subscales of the Student Teacher Relationship Scale (STRS) and the Child Parent Relationship Scale (CPRS) will decrease over time, and scores in the closeness subscale will increase over time.
2. Due to being part of the PIEC program, children’s social-emotional development as rated by staff and parents will improve. Specifically, the total difficulties score of the Strengths and Difficulties Questionnaire will decrease over time for children aged over 3; and for children aged under 3, scores in the problem subscale of the Brief Infant Toddler Social Emotional Assessment will decrease over time and scores in the competence subscale will increase over time.
3. The quality of interactions between staff and children, a key measure of processual quality in early childhood education and care, will improve.
4. Positive changes will remain when control variables (such as age) are introduced, making it more likely that these changes are not the result of other factors.

3.1 Sample

Data was collected from staff and parents in the fourteen centre-based children’s services involved in the PIEC program. The potential sample for the evaluation was every child aged 12 months and over, who attended a centre two days or more a week. Data was only collected for children whose parents had given written consent. Data for the evaluation was collected at four points in time: March 2006 (T1), November 2006 (T2), March 2007 (T3) and November 2007 (T4). Originally the intention was to collect T3 data for the total sample, however to minimise data collection burden only those children who joined the centres at the beginning of 2007 were included. This report focuses on the analysis of a balanced sample (participants for whom data was collected at T1 through to T4) to examine changes over the evaluation period.

Detailed information on the total sample for the study is included in the Round 1 Data Collection Report (Thomson, Longden et al., 2007). Table 3.1 shows the number of parents and staff included in the balanced sample.

Table 3.1 Balanced Panel Staff and Parent by Area

	No. children	%	No. Parents	%
Area 1	70	32	51	39
Area 2	92	42	59	45
Area 3	56	26	20	15
Total	218		130	

3.2 Changes in attachment relationships: Child-Staff

The primary focus of the PIEC program is the development of secure relationships. The Student-Teacher Relationship Scale (STRS) was used to capture changes in this outcome. The STRS is a self-reported assessment of staff’s perceptions of the quality of their relationship with the children. The STRS can be used for children of preschool age up to eight years. Child-teacher relationships in the STRS are defined in terms of conflict, closeness and dependency subscales and overall quality of the relationship.

Table 3.2 shows the mean scores for the three subscales of the STRS as reported by staff at T1 and T4. The results of paired samples t-tests analysis show that over time, staff ratings of closeness increased across all areas combined, most noticeably in Area 3. Across all areas combined staff ratings of dependency have decreased. In Area 1 staff ratings of conflict and dependency have decreased. Staff in Area 3 reported higher levels of closeness and total STRS over time. Overall there is a positive trend in the expected direction across the remainder of the subscales and total STRS for all areas, although not at a statistically significant level with the exception of Area 2 where conflict has increased.

Overall these results support the first hypothesis that as a result of exposure to the PIEC program relationships between children and staff have improved. The importance of these results lie at the core of the PIEC program as securely attached children are better equipped to understand and regulate their emotional state thereby promoting social-emotional development.

Table 3.2: Pianta Student-Teacher Relationship Scale: Changes in overall mean score¹

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All areas</i>										
Conflict	218	19.08	19.10	6.43	8.15	11	11	44	51	NS
Closeness	216	42.91	44.05	5.92	6.43	22	23	55	55	*
Dependency	218	9.39	8.52	3.26	2.80	5	5	21	19	**
Total STRS	216	116.45	118.44	11.35	13.14	83	68	140	140	*
<i>Area 1 CC</i>										
Conflict	70	18.67	16.67	6.22	6.16	12	12	39	39	*
Closeness	70	43.50	43.70	6.12	7.16	22	23	55	55	NS
Dependency	70	8.76	7.54	3.28	2.76	5	5	18	18	**
Total STRS	70	118.07	121.49	12.10	11.58	89	80	140	140	NS
<i>Area 2 E</i>										
Conflict	92	18.67	20.39	6.45	9.65	11	11	44	51	NS
Closeness	92	42.97	43.14	6.06	6.48	24	30	55	55	NS
Dependency	92	9.57	8.93	3.16	2.72	5	5	20	19	NS
Total STRS	92	116.73	115.82	11.45	14.90	83	68	138	140	NS
<i>Area 3 SW</i>										
Conflict	56	20.27	20.00	6.62	7.05	12	12	39	44	NS
Closeness	54	42.06	46.04	5.41	4.79	29	32	53	54	***
Dependency	56	9.88	9.05	3.34	2.71	5	5	132	135	NS
Total STRS	54	113.87	118.98	9.81	10.94	88	95	132	135	**
Paired sample t-test		P< .001*** P< .01** P< .05*								

3.3 Attachment Relationships: Child-Parent

The PIEC program also aims to change relationships between children and parents. The Pianta Child-Parent Relationship Scale (CPRS) assesses the parent's perception of the quality of the relationship with their child. It is interesting to note that at T1 parents reported higher conflict with their children and higher dependency levels in their relationship with their children than staff. No significant differences between the areas were evident in any of the subscales or the Total CPRS scores at T1. Table 3.3 shows that over time parents reported significantly lower levels of dependency in their relationships with their children across all areas combined and most particularly in

¹ Descriptive statistics for STRS scale and subscales for total normative sample (Pianta, 2001).

	Mean	SD	Min	Max
Conflict	24.4	8.93	15	57
Closeness	42.01	6.22	19	55
Dependency	10.74	3.54	5	24
Total STRS	114.23	15.47	55	140

n=1,535. Mean age 5 years

Area 1. These results support the first hypothesis that as a result of exposure to the PIEC program relationships between children and parents have improved.

Table 3.3: Pianta Child-Parent Relationship Scale: Changes over time, by area

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All areas</i>										
Conflict	130	26.48	26.72	7.31	8.10	11	13	50	51	NS
Closeness	128	43.94	44.35	4.40	4.01	29	31	50	50	NS
Dependency	129	12.40	11.88	2.51	2.51	8	6	18	18	*
Total PCRS	130	107.18	108.11	9.24	10.11	80	78	129	128	NS
<i>Area 1 CC</i>										
Conflict	51	26.31	25.53	7.87	9.08	12	13	50	51	NS
Closeness	51	43.49	44.67	4.58	3.79	31	33	50	50	*
Dependency	51	12.27	11.39	2.29	2.08	8	8	18	17	**
Total PCRS	51	107.00	109.33	9.82	10.89	80	81	129	127	*
<i>Area 2 E</i>										
Conflict	59	26.66	27.25	6.50	7.03	14	15	45	47	NS
Closeness	59	43.98	43.86	4.25	4.01	29	31	49	49	NS
Dependency	59	12.15	11.93	2.57	2.74	8	6	18	18	NS
Total PCRS	59	107.31	107.46	8.29	9.17	81	78	120	122	NS
<i>Area 3 SW</i>										
Conflict	20	26.40	28.15	8.43	8.41	11	15	42	43	NS
Closeness	18	45.06	45.06	4.39	4.60	32	36	50	50	NS
Dependency	19	13.53	13.00	2.76	2.56	9	8	18	17	NS
Total PCRS	20	107.25	106.90	10.74	10.86	81	81	123	128	NS
Paired sample t-test		P< .001*** P< .01** P< .05*								

3.4 Social-Emotional Development

The PIEC program also aims to promote children’s healthy emotional and social development. Evidence suggests that securely attached children are better equipped to understand and regulate their emotional state thereby promoting social-emotional development. Two standardised scales were used to capture the social-emotional development of the children. The SDQ is used for children aged 3 years and above and the BITSEA is used for children aged from 12 to 36 months. Staff and parents completed these instruments.

BITSEA

The Brief Infant Toddler Social Emotional Assessment (BITSEA) is designed as a screening instrument to identify children less than 3 years of age who may be experiencing problems in the social-emotional and behavioural domains of development. It has two subscales: problem and competency. Data presented here in Table 3.4 and Table 3.5 is restricted to T1 and T2 as the number of children at T4 within the age range was too small for robust analysis.

Staff-reported scores

Table 3.4 shows the means scores at T1 and T2 in the problem and competency domains of the BITSEA. Over time a significant increase in the mean scores for the competence subscale across all areas combined was found. A significant increase in the mean scores for competence and decrease in problems scores was evident in Area 2. At time T2 there was a significant increase in conflict in Area 3.

Table 3.4: BITSEA Mean Scores Reported by Staff: Changes over time, by area²

	N	Mean T1	Mean T2	SD T1	SD T2	Min T1	Min T2	Max T1	Max T2	Sig
<i>All areas</i>										
Problem	83	7.40	6.80	5.19	6.66	0	0	28	29	NS
Competency	82	14.29	15.80	3.93	4.01	6	4	22	22	**
<i>Area 1 CC</i>										
Problem	23	5.65	5.26	3.20	4.59	0	1	13	20	NS
Competency	22	14.68	14.91	4.19	3.96	7	4	22	21	NS
<i>Area 2 E</i>										
Problem	36	9.83	6.50	5.95	6.85	1	0	28	29	**
Competency	36	14.11	16.69	3.44	3.54	7	4	21	22	**
<i>Area 3 SW</i>										
Problem	24	5.42	8.71	3.98	7.77	0	1	15	29	*
Competency	24	14.21	15.29	4.49	4.56	6	6	22	22	NS
Paired sample t-test		P< .001*** P< .01** P< .05*								

Table 3.5 shows the means scores for parents from T1 to T2. No significant changes were evident over time. However as the PIEC program focuses on developing secure attachments predominantly with staff, but also with parents, it is to be expected that evidence of change in social-emotional development may take some time to emerge.

² Scoring for the BITSEA has cut off scores for problem and competency domains No cut-off scores are provided for the BITSEA childcare provider form. Norms for the parent forms are: *Problem* domain: a score higher than 15 is of concern for boys aged 12-23 months and girls aged 18-23 months, and a score higher than 13 is of concern for girls aged 12-23 months. *Competency* domain: a score lower than 12 is of concern for girls and boys aged 12-17 months, and lower than 14 is of concern for boys and girls aged 18-23 months.

Table 3.5: BITSEA Mean Scores Reported by Parents: Changes over time, by area³

	N	Mean T1	Mean T2	SD T1	SD T2	Min T1	Min T2	Max T1	Max T2	Sig
<i>All areas</i>										
Problem	37	7.78	7.81	5.50	6.22	1	1	29	33	NS
Competency	37	16.97	17.65	2.33	2.80	12	11	21	22	NS
<i>Area 1 CC</i>										
Problem	13	7.08	6.46	7.35	8.66	1	1	29	33	NS
Competency	13	17.15	17.54	2.48	3.41	12	11	20	22	NS
<i>Area 2 E</i>										
Problem	15	8.13	8.00	4.24	4.00	3	2	19	17	NS
Competency	15	17.00	17.40	2.00	2.13	13	13	20	20	NS
<i>Area 3 SW</i>										
Problem	9	8.22	9.44	4.74	5.27	4	4	19	19	NS
Competency	9	16.67	18.22	2.83	3.07	13	14	21	22	NS
Paired sample t-test		P< .001*** P< .01** P< .05*								

SDQ

The *Strengths and Difficulties Questionnaire* (SDQ) is a brief behavioural screening questionnaire that asks about 25 attributes, some positive and others negative. There are four negative subscales: emotional symptoms, conduct problems, hyperactivity and peer problems. There is one positive, prosocial scale. Scores are normally used as continuous variables but can be classified for convenience as ‘normal’, ‘borderline’ and ‘abnormal’. In this analysis the scores are used as a continuous variable.

Staff-reported scores

Table 3.6 shows the mean scores for the SDQ subscales and total problem scores at T1 and T4 as reported by staff. As mentioned earlier as the primary focus of the PIEC program on the development of secure attachment and relationships to support social-emotional development, it was expected that changes in these domains would take some time to emerge. Table 3.6 shows that significant changes have occurred in all areas combined and within areas. Across all areas combined there was a significant decrease in total difficulties, hyperactivity, peer problems and conduct problems. Prosocial behaviour has increased across all areas combined and within areas. More specifically there was a significant decrease in peer problems, hyperactivity and total problems in Area 2 and 3. Like the other areas, Area 1 also showed a significant decrease in peer problems and hyperactivity but also in the total difficulties score.

³ Scoring for the BITSEA has cut off scores for problem and competency domains. *Problem domain*: a score higher than 15 is of concern for boys aged 12-23 months and girls aged 18-23 months, and a score higher than 13 is of concern for girls aged 12-23 months. *Competency domain*: a score lower than 12 is of concern for girls and boys aged 12-17 months, and lower than 14 is of concern for boys and girls aged 18-23 months. (Carter and Briggs-Gowan, 2005)

Overall these results indicated that due to being part of the PIEC program children's social-emotional development as rated by staff has improved.

Table 3.6: SDQ Mean Scores Reported by Staff: Changes over time, by area⁴

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All areas</i>										
Emotion	98	1.43	1.31	1.67	1.68	0	0	7	7	NS
Conduct	99	1.26	0.91	1.58	1.44	0	0	7	6	*
Peer	100	2.59	1.23	2.22	1.66	0	0	9	7	***
Hyperactivity	100	3.78	2.25	2.85	2.68	0	0	10	10	***
Prosocial	97	5.95	7.64	2.67	2.49	0	1	10	10	***
TEBDTOT	98	9.00	5.65	5.86	5.49	0	0	24	22	***
<i>Area 1 CC</i>										
Emotion	40	1.20	1.05	1.49	1.50	0	0	5	6	NS
Conduct	40	1.00	0.93	1.40	1.54	0	0	6	6	NS
Peer	40	1.95	1.13	2.23	1.62	0	0	9	6	*
Hyperactivity	40	3.43	2.45	2.84	3.00	0	0	9	10	**
Prosocial	40	6.20	7.85	2.53	2.80	0	1	10	10	**
TEBDTOT	40	7.58	5.55	5.41	6.01	0	0	19	22	*
<i>Area 2 E</i>										
Emotion	38	1.55	1.32	1.90	1.82	0	0	7	7	NS
Conduct	39	1.23	0.79	1.37	1.26	0	0	6	5	NS
Peer	40	2.95	1.13	2.06	1.76	0	0	8	7	***
Hyperactivity	40	3.83	1.73	2.88	2.23	0	0	10	9	***
Prosocial	37	5.78	7.41	2.71	2.20	0	2	10	10	**
TEBDTOT	38	9.42	4.82	5.64	4.11	1	0	22	16	***
<i>Area 3 SW</i>										
Emotion	20	1.65	1.80	1.60	1.74	0	0	5	5	NS
Conduct	20	1.85	1.10	2.13	1.59	0	0	7	5	NS
Peer	20	3.15	1.65	2.30	1.57	0	0	8	5	**
Hyperactivity	20	4.40	2.90	2.84	2.73	0	0	9	9	*
Prosocial	20	5.75	7.65	2.97	2.41	1	3	10	10	*
TEBDTOT	20	11.05	7.45	6.66	6.46	3	0	24	20	*
Paired sample t-test		P< .001*** P< .01** P< .05*								

⁴ Scoring for the SDQ places scores in three domains of normal, borderline and abnormal. For the subscales and total difficulties score the ranges are: (1) Emotion: normal 0-15; borderline 16-19; abnormal 20-40. (2) Conduct: normal 0-5; borderline 6; abnormal 7-10 (3) Peer problems: normal 0-3; borderline 4; abnormal 5-10. (4) Hyperactivity: normal 0-5; borderline 6; abnormal 7-10. (5) Prosocial: normal 6-10; borderline 6; abnormal 0-4. (6) Total difficulties: normal 0-15; borderline 16-19; abnormal 20-40. Available from <http://www.sdqinfo.com/b1.html>

Table 3.7 shows the changes in means scores for the SQD as reported by parents at T1 and T4. Across all areas combined there was a decrease in total difficulties, conduct problems and peer problems and an increase in prosocial behaviour. In Areas 1 and 2 there was a significant decrease in conduct and total difficulties scores. In addition parents in Area 1 reported an increase in prosocial behaviour and in Area 2 parents reported a decrease in conduct problems. These results support the hypothesis that due to being part of the program children's social-emotional development as rated by parents will improve, although to a lesser degree than as rated by parents.

Table 3.7: SDQ Mean Scores Reported by Parents: Changes over time, by area

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All areas</i>										
Emotion	60	1.38	1.23	1.24	1.17	0	0	5	5	NS
Conduct	60	2.18	1.18	1.82	1.23	0	0	6	5	***
Peer	60	1.80	1.25	1.54	1.30	0	0	5	5	**
Hyperactivity	60	3.55	2.78	2.35	2.25	0	0	9	9	*
Prosocial	60	7.35	8.02	1.64	1.85	2	4	10	10	**
TEBDTOT	60	8.92	6.45	4.38	4.34	2	0	20	21	***
<i>Area 1 CC</i>										
Emotion	25	1.60	1.20	1.32	0.87	0	0	5	3	NS
Conduct	25	2.16	1.40	1.77	1.29	0	0	6	5	*
Peer	25	1.60	1.40	1.53	1.29	0	0	5	4	NS
Hyperactivity	25	3.72	2.80	2.46	2.71	1	0	9	9	NS
Prosocial	25	7.24	8.28	1.51	1.81	5	4	9	10	*
TEBDTOT	25	9.08	6.80	4.20	4.73	2	2	17	17	**
<i>Area 2 E</i>										
Emotion	28	1.07	1.11	0.98	1.29	0	0	4	5	NS
Conduct	28	1.79	0.86	1.60	1.01	0	0	5	4	**
Peer	28	1.96	1.07	1.37	1.25	0	0	5	5	**
Hyperactivity	28	3.21	2.46	2.20	1.75	0	0	8	6	NS
Prosocial	28	7.54	7.75	1.50	1.86	3	4	10	10	NS
TEBDTOT	28	8.04	5.50	4.27	3.38	2	0	17	14	**
<i>Area 3 SW</i>										
Emotion	7	1.86	1.86	1.68	1.57	0	0	5	4	NS
Conduct	7	3.86	1.71	2.12	1.60	1	0	6	5	NS
Peer	7	1.86	1.43	2.27	1.62	0	0	5	4	NS
Hyperactivity	7	4.29	4.00	2.69	2.08	1	2	9	8	NS
Prosocial	7	7.00	8.14	2.65	2.12	2	4	10	10	*
TEBDTOT	7	11.86	9.00	4.67	5.69	6	4	20	21	NS
Paired sample t-test		P< .001***								
		P< .01**								
		P< .05*								

3.5 Experience of the Child Care Setting

The PIEC program also aims to improve the quality of care provided. The Leiden Inventory for the Child’s Well-being in Day Care assesses caregivers’ or teachers’ perceptions of how comfortable the child is in the child care centre or preschool, using a 6-point scale. Questions rate the child’s feelings and behaviours, in general, and as seen in their interactions with staff, other children, and with the play environment. A total scale score is formed by summing ratings for each of the 12 items. Table 3.8 shows that for most children at T1, staff ratings of wellbeing were good to high. Scores differed by area, being significantly higher for centres in Area 1. There was no difference in scores for the other two areas at T1.

At T4 the ratings of wellbeing significantly increased across all areas combined and Areas 2 and 3. It is important to note that at T1 Area 1 had consistently higher ratings than Areas 2 and 3 and therefore it would be extremely difficult for the score to improve significantly over time. These results indicated that as a result of the implementation of PIEC, processual quality of centre-based children’s services and interactions between staff and children have improved.

Table 3.8: Leiden Inventory for the Child’s Well-being in Day Care: Changes over time, by area

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All areas</i>	218	56.84	60.00	8.77	8.52	30	30	72	72	***
<i>Area 1 CC</i>	70	60.29	60.99	8.26	8.59	38	40	72	72	NS
<i>Area 2 E</i>	92	54.46	58.91	8.16	9.33	33	30	72	72	***
<i>Area 3 SW</i>	56	56.46	60.54	9.12	6.78	30	43	71	72	**

Paired sample t-test P< .001 ***
 P< .01 **
 P< .05 *

Poor overall wellbeing (total score falls below 48 , equivalent to less than 4 on the 6-point scale)

Good to high overall wellbeing (total score of 48 or above, equivalent to 4 and above on the 6-point scale)

3.6 Regression analysis

Multivariate regression analysis, using a random effects model, was undertaken to examine whether changes in the key domains such as relationships and social-emotional development remained once other factors such as age, which might account for these changes, were controlled for. This investigation is exploratory, as little empirical data exists in Australia using these outcomes measures longitudinally. However, in the future further analysis will be possible once the longitudinal LSAC data using these measures becomes available.

The regression formula used in the model is below:

$$y_{it} = \alpha + \beta T_{it} + \gamma A_{it} + v_i + u_{it}$$

where,

$i = 1$ to N

$t = 1, 4$ time periods

y_{it} = score on test/scale? for child i at period t

$T_{it} = 1$ if $t = 4$, 0 otherwise,

A_{it} = age (in months) of child i at time t ,

v_i and u_{it} are identically normally distributed random error terms, independent across children, and across children and time respectively.

Three different models were estimated:

Models 1: includes a single dummy variable indicating if the observation is at T4

Models 2: as above and also includes age (in months)

Models 2*: as above for Model 2 but excludes Area 2

Table 3.9 shows the regression results for staff ratings of their relationships with children over time. Model 1 examines changes over time in the results for each of the STRS subscales of conflict, closeness and dependency. These results reflect those in the bi-variate paired t-test analysis outlined in Section 3.2.

These results reflect those in the bi-variate paired t-test analysis outlined in Section 3.2. Model 2 also controls for age. Conflict, in particular, tends to fall with age (0.2 units per extra month of age). Hence, when we control for age, the negligible difference in conflict scores shown in the first column, becomes a significant increase (because we should have expected conflict to decrease over the 18 months rather than show no change).

However, further investigations revealed that increased conflict was driven by Area 2 rather than across all areas combined. Model 2* therefore excluded Area 2 from the sample, while controlling for age. The association with age in this reduced sample is only half as strong, which in turn implies a non-significant increase in conflict. Further investigation is required (such as calibration against future LSAC data releases) to more firmly establish how much the bivariate results should be adjusted to take account of the ageing of the sample.

Table 3.9: Pianta Student-Teacher Relationship Scale: Regression Models

Pianta, STRS	Conflict			Closeness			Dependency			Total STRS		
	Model 1	Model 2	Model2*	Model 1	Model 2	Model 2*	Model 1	Model 2	Model 1	Model 2	Model2*	
T4	0.3	3.8***	1.7	1.4*	0.7	2.6*	-0.7*	0.6	1.9	-3.7**	0.0	
Age	-	-0.2***	-0.1**	-	0.0	0.0	-	-0.1	-	0.3***	0.2**	
Intercept	18.8	24.0***	23.0***	42.8***	41.7	42.6***	9.2***	11.1***	116.7***	108.5***	109.9***	
N	383	383	203	382	382	202	383	383	382	382	202	
R2	0.00	0.07	0.05	0.01	0.02	0.05	0.02	0.07	0.01	0.07	0.09	
Chi	0.16	27.05	11.51	5.07	6.79	9.4	5.83	28.84	2.23	27.29	19.12	
SIG	0.687	0.000	0.003	0.024	0.034	0.009	0.016	0.000	0.136	0.000	0.000	

* Excludes area 2 P< .001***

P< .01**

P< .05*

Table 3.10 shows the regression results for staff ratings of the social-emotional development for children less than 3 years of age based on BITSEA scores. After controlling for age (Model 2) significant increases are evident in staff ratings of problems but this effect is no longer evident once Area 2 is excluded from the sample (Model 2*). These findings reflect the results in the regression analysis for the SDQ and further analysis is required to determine how the bivariate results should be adjusted due to the ageing of the sample.

Table 3.10: BITSEA Scores Reported by Staff: Regression Models

SDQ	Problem			Competence		
	Model 1	Model 2	Model 2*	Model 1	Model 2	Model 2*
T4	5.4**	6.6***	-0.5	0.2	-0.9	1.8
Age	-	-0.2*	-0.1	-	0.2***	0.3***
Intercept	6.9***	11.7***	7.0**	14.7***	9.8***	7.7***
N	118	118	60	118	118	60
R2	0.07	0.12	0.01	0.00	0.13	0.22
Chi	9.05	15.92	0.61	0.04	17.78	16.07
SIG	0.003	0.000	0.736	0.848	0.000	0.000

* Excludes area 2 P< .001***

P< .01**

P< .05*

Table 3.11 and Table 3.4 shows the regression results for the social-emotional development for children aged 3 years and above based on SDQ scores. As previously described, Model 1 results reflect the bivariate analysis reported in Section 3.4 and indicate a decrease in peer problems, hyperactivity and total emotional and behaviour scores and an increase in prosocial behaviour over time. If age is included in the model (Model 2) all results hold with the exception of the decrease in hyperactivity scores and there is slight increase in conduct scores. If area two is excluded there were no changes in the results for emotion, hyperactivity, peer problems and prosocial behaviour. However, this significant increase in conduct disappears when Area 2 is excluded from the sample (so perhaps in this case results from area 2 were responsible for the significant change and there was no significant change in areas 1 and 3). The

results provide some evidence that there were significant decreases in peer problems and significant increases in prosocial behaviour as a result of the PIEC program.

Table 3.11: SDQ Emotion, Conduct and Hyperactivity Subscales Scores Reported by Staff: Regression Models

SDQ	Emotion		Conduct			Hyper	
	Model 1	Model 2	Model 1	Model 2	Model 2*	Model 1	Model 2
T4	-0.1	0.2	0.3	0.9**	0.6	-1.1**	-0.2
Age	-	0.0*	-	-0.1***	0.0*	-	-0.1
Intercept	1.4***	2.5***	1.1***	3.0***	2.5***	3.8***	6.8
N	262	262	263	263	143	264	264
R2	0.00	0.02	0.01	0.05	0.04	0.04	0.09
Chi	0.08	4.57	1.63	14.73	5.61	9.77	26.74
SIG	0.779	0.102	0.202	0.001	0.061	0.002	0.000

* Excludes area 2 P< .001***

P< .01**

P< .05*

Table 3.12: SDQ Peer Problems, Prosocial and Total Difficulties Scores Reported by Staff: Regression Models

SDQ	Peer		Prosoc		EBD		
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 2*
T4	-1.3***	-0.8**	1.4***	1.0*	-2.0*	0.2	-0.5
Age	-	0.0**	-	0.0*	-	-0.2***	-0.1*
Intercept	2.6***	3.9***	5.9***	4.5***	8.8***	16.1***	13.9***
N	264	264	261	261	262	262	143
R2	0.09	0.11	0.06	0.08	0.02	0.09	0.07
Chi	25.77	33.25	17.23	21.43	6.4	26.45	10.73
SIG	0.000	0.000	0.000	0.000	0.000	0.000	0.000

* Excludes area 2 P< .001***

P< .01**

P< .05*

Model 1 in Table 3.13 below mirrors the results of the bivariate analysis showing a significant increase in staff ratings of how comfortable children were within the childcare centre or preschool. Once age is accounted (Model 2), although there is still an increase in staff rating over time, it is not statistically significant. This could be a by-product of the significantly high rating in Area 1 at T1 compared to other areas, making changes over time unlikely.

Table 3.13: Leiden Inventory for the Child’s Well-being in Day Care: Regression Models

	Leiden	
	Model 1	Model 2
T4	3.5***	1.6
Age	-	0.1*
Intercept	56.6***	53.9***
N	383	383
R2	0.04	0.05
Chi	15.69	21.42
SIG	0.000	0.000

* Excludes area 2 P< .001***

P< .01**

P< .05*

Regression analysis was also undertaken to investigate whether changes in parents’ relationships and their ratings of the social-emotional development of their children changed over time once age was controlled for. It is not surprising given parents’ overall positive ratings of their relationships with their children at T1 that significant changes in the CPRS subscales of conflict, closeness and dependency were not evident over time (see Table 3.14).

Table 3.14: Pianta Child-Parent Relationship Scale: Regression Models

Pianta CPRS	Conflict		Closeness		Dependency		CPRS Total	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
T4	0.5	0.9	0.4	-1.1	-0.5	-0.3	0.0	-2.0
Age	-	0.0	-	0.1***	-	0.0	-	0.1
Intercept	26.3***	27.1***	43.9***	40.4***	12.4***	13.0***	107.6	102.9
N	220	220	219	219	220	220	220	220
R2	0.00	0.00	0.00	0.07	0.01	0.02	0.00	0.03
Chi	0.24	0.53	0.38	16.13	2.39	3.59	0	5.91
SIG	0.623	0.767	0.539	0.000	0.122	0.166	0.989	0.052

P< .001***

P< .01**

P< .05*

Table 3.15 shows the results of the regression analysis of changes in parents’ ratings of the social-emotional development for children under 3 years of age. Although the direction of change for both the problems and competency subscales are in the expected directions no significant changes are evident over time.

Table 3.15: BITSEA Scores Reported by Parents: Regression Models

BITSEA	Problem		Competency	
	Model 1	Model 2	Model 1	Model 2
T4	-0.9	-0.8	0.5	0.4
Age	-	-0.1	-	0.0
Intercept	9.1***	12.4***	16.9	15.8***
N	67	67	67	67
R2	0.00	0.03	0.00	0.02
Chi	0.14	1.67	0.17	0.97
SIG	0.709	0.434	0.677	0.614

P < .001***

P < .01**

P < .05*

Table 3.16 and Table 3.17 show the regression results for parents' ratings of the social-emotional development of children aged 3 years and over. Once age is controlled for (Model 2) significant decreases are evident in conduct and peer problems and also total emotional and behavioural problem scores. These results reflect those of the staff suggesting that PIEC has some impact on decreasing peer problems and promoting prosocial behaviour for children involved in the program.

Table 3.16: SDQ Emotion, Conduct and Hyperactivity Subscales Scores Reported by Parents: Regression Models

	Emotion		Conduct		Hyper	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
T4	0.0	0.0	-0.4	-0.7***	-0.4	-0.7
Age	-	-0.1	-	-0.5**	-	-0.6*
Intercept	1.4***	1.6*	2.0***	4.3***	3.5*	6.4***
N	153	153	153	153	152	152
R2	0.00	0.00	0.01	0.06	0.01	0.05
Chi	0	0.21	1.99	9.41	0.88	7.56
SIG	0.964	0.901	0.158	0.009	0.347	0.023

Table 3.17: SDQ Peer Problems, Prosocial and Total Difficulties Scores Reported by Staff: Regression Models

SDQ	Peer		Prosoc		EBD	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
T4	-0.5*	-0.6*	0.2	0.5	-1.3	-1.9*
Age	-	0.1	-	0.7***	-	-1.3**
Intercept	1.9	2.5**	7.3***	4.1***	8.8***	14.9***
N	153	153	153	153	152	152
R2	0.03	0.03	0.00	0.09	0.02	0.02
Chi	4.04	4.68	0.48	14.41	2.6	9.93
SIG	0.044	0.096	0.488	0.001	0.107	0.007

P < .001***

P < .01**

3.7 Summary and Discussion

There are positive changes reported by staff and parents in the two primary domains of attachment relationships and social-emotional well being.

While the majority of staff started off with positive and effective relationships with the children, over time the bi-variate analysis showed there was a significant increase in staffs' ratings of the closeness of these relationships and a decrease in reported dependency levels. Parents report significantly lower levels of dependency in the bi-variate analysis across all areas.

The main changes reported by staff over time in terms of social-emotional well-being are a significant decrease in peer problems and a significant increase in prosocial behaviour. The main changes reported by staff over time in terms of social-emotional well-being are a significant decrease peer problems; significant decrease in conduct problems; and significant decrease in total difficulties.

Staff-reported quality of child care using the Leiden inventory improved based on the bi-variate analysis. There was a significant increase in the ratings of how comfortable the children were in the service across all areas combined.

These results provide evidence that significant changes have occurred in three of the primary domains in which they were predicted according to the PIEC project model logic: attachment relationships; social-emotional development and processual quality in child care based on the bi-variate analysis. However, it is possible that these changes could have come about due to other factors, such as age. Multivariate regression analysis was therefore used, to test whether or not the changes were still evident when these factors were introduced as control variables. Using multivariate analysis and controlling for age, positive changes in attachment relationships is evidenced by increasing closeness in two areas, indicating more secure attachment between staff and children. These results add weight to the hypothesis that these changes happened as a result of participation in the program and not as the result of growing older. The significance of these changes is discussed in Section 7.

Although most changes to the subscales of each of the instruments were in the direction predicted by the project logic, multivariate regression analysis shows an increase in the conflict subscale of the SPRS scores and in the problem domain of the BITSEA, used for younger children, when age is used as a control variable in one Area. An increase in conflict in itself is not necessarily a negative result. Staff can experience conflict in their relationship with a child but still report having a close relationship with that child. Further analysis is required to establish how the bi-variate analysis should be adjusted to take account of the changes in age of the sample.

Overall there were positive changes in attachment relationships in the closeness domain in two areas, after controlling for age. The second domain of child outcomes relates to emergent social-emotional development problems, as identified by the SDQ and BITSEA. Because staff and parents rated most children in the 'normal' range using these scales at T1, dramatic differences in behaviours over the course of the study were not anticipated. However, the multivariate analysis showed positive changes are evident in prosocial behaviour and peer problems.

4 Impact Evaluation Findings: Parenting and Community Connectedness

This section reports on the impact of the PIEC program on parenting self-efficacy and linking families to support and the community. These relate to the ITG Priority Area of ‘supporting children and families’ and three PIEC objectives:

- Greater confidence in parenting skills
- Greater access to support services for parents and informal supports for their family
- Child care centres established as a focal point for families in the community

4.1 Family relationships and functioning

The PIEC program aims to improve the parent-child relationship by providing parents with information and support so they gain greater confidence in their parenting skills. PIEC provides support to parents via printed information, informal gatherings such as morning teas, playgroups, parenting sessions and individual support and counselling. All PIEC workers involved in the process evaluation (see Section 6) reported that contact with parents was often difficult to organise due to time pressures within families. Attendance at parent information sessions was often poor with some sessions cancelled. Individual support was also provided to some families by the PIEC workers. Parents involved in the process evaluation who accessed this support reported that it helped them to understand their child’s behaviour better and to change their parenting style. Given the limited number of parents accessing intensive support, it is not surprising that when asked to rate themselves as a parent on a scale of 1 (‘not very good at being a parent’) to 5 (‘a very good parent’) that over time no significant difference was found, particularly given that at T1 most parents rated themselves as a better than average parent (Table 4.1). These results are similar to the findings in the LSAC data Wave 1 on parenting self-efficacy where the majority rated themselves as an average parent or above (Australian Institute of Family Studies, 2004).

Table 4.1: Overall rating as a parent over time

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All Areas</i>	132	4.07	4.09	0.78	0.81	2	2	5	5	NS
<i>Area 1</i>	52	4.08	4.06	0.81	0.89	2	2	5	5	NS
<i>Area 2</i>	59	3.97	4.07	0.72	0.76	3	2	5	5	NS
<i>Area 3</i>	21	4.33	4.24	0.86	0.77	3	3	5	5	NS
Paired sample t-test		P< .001*** P< .01** P< .05*								

Parents were also asked a series of questions to examine changes in parenting interactions over time. Parents were asked to indicate on a five-point scale (1= ‘never/almost never’ to 5= ‘always or almost always’) how often they gave affection to or showed their feelings towards their child. Table 4.2 shows that overwhelmingly the majority of parents in the sample indicated they had an affectionate relationship

with their child, felt close to their child and enjoyed listening and doing things with them.

At T4 there were no significant differences, compared to T1, in parents' average ratings of most aspects of parenting including: hugging or holding their child, talking things over with their child or reasoning with them when they misbehaved; telling their child how happy they made them; having warm close times together with their child; enjoyed listening to their child and doing things with them and felt close to their child. However, Table 4.2 shows there was a significant difference in some aspects of parenting across all areas combined and within areas between T1 and T4. Across all areas combined and in Area 2, at T4 the average rating of how often parents explained to their children why they were being corrected had increased. At T4 across all areas combined and in Area 1 there was a significant increase in the average rating of how often parents gave their child reasons why rules should be obeyed, which is a positive change.

Table 4.2: Parenting Self-Efficacy: Changes over time, by area

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All Areas</i>										
Thinking about your child over the last 6 months, how often did you...										
..hug or hold your child	134	4.79	4.75	0.49	0.53	2	2	5	5	NS
...talk it over, reason	132	4.35	4.43	0.72	0.69	2	1	5	5	NS
..how happy child makes you	135	4.47	4.48	0.74	0.61	2	2	5	5	NS
..reason why rules obeyed	134	4.16	4.36	0.81	0.63	1	3	5	5	*
..explain why being corrected	132	4.15	4.31	0.83	0.68	1	2	5	5	< .1
..warm close time with child	134	4.50	4.52	0.62	0.63	2	2	5	5	NS
..enjoy listening/doing things	134	4.58	4.54	0.57	0.61	2	2	5	5	NS
..feel close when happy/upset	134	4.64	4.60	0.55	0.60	2	2	5	5	NS
..hug, kiss and hold your child	134	4.86	4.80	0.41	0.46	2	3	5	5	NS
<i>Area 1</i>										
explain why being corrected	52	4.00	4.31	0.89	0.61	1	3	5	5	*
<i>Area 2</i>										
..reasons why rules obeyed	61	4.20	4.43	0.75	0.59	2	3	5	5	*
Paired sample t-test	P< .001*** NB only significant difference within areas is presented here.									
	P< .01**									
	P< .05*									

4.2 Access to support and community connectedness

Another aim of PIEC focuses on increasing parents' social capacity and community connectedness. To examine changes over time in these outcomes, parents were asked a number of questions about access to informal and formal support and links to the community.

4.3 Access to informal support

Table 4.3 shows parents reports of frequency of contact (email, telephone or in person) with informal support. Answered ranged from 1= 'no contact' to 6 = 'every day'. On average parents had reasonably frequent contact with informal support. Over time the average contact with other family members increased across all areas combined and within Area 3 suggesting that there was little change in the other areas. There were no other significant changes over time.

Table 4.3 Parents' links to informal support

	N	Mean		SD		Min		Max		Sig
		T1	T4	T1	T4	T1	T4	T1	T4	
All Areas										
How often do you see, talk email with the following....										
Parents	127	5.00	5.12	1.00	1.00	1	6	6	6	NS
Partner's parents	109	4.21	4.17	1.14	1.20	1	6	6	6	NS
Other family members	133	4.37	4.54	0.87	0.79	1	2	6	6	*
Friends	133	4.95	5.01	0.81	0.75	1	3	6	6	NS
Neighbours	130	4.31	4.48	1.37	1.37	1	1	6	6	NS
<i>Area 3 SW</i>										
Other family members	21	3.81	4.57	1.12	0.87	1	2	6	6	**
Paired sample t-test		P< .001***		NB only significant difference within areas is presented here.						
		P< .01**								
		P< .05*								

The PIEC program aims to connect families to information and support. Parents were asked to nominate the kinds of services they had used in the last 12 months. It was anticipated that PIEC would increase access to services and support for families who need it.

Table 4.4 shows that parents accessed a range of services most particularly GP services, dental services, other medical specialists, hospital emergency wards and church or religious groups. Over time there was a significant decline in the use of playgroups (all areas combined and Area 1, 2) and maternal and child health nurses (all areas combined and Area 2), most likely due to less need for these services as children grow older. Over time there was a significant decrease in the use of hospital emergency wards in Area 2 and GP services in Area 3.

Table 4.4 shows that in Area 1, where connecting families to formal support was a particular focus within the PIEC program, there was a significant change in use of speech therapy and dental services.

Table 4.4: Receipt of Services for Child or Family Members in the Last 12 months: Changes over time, by area

	N	Yes (%)	Yes (%)	McNemar Chi	Sig
		T1	T4		
<i>All Areas</i>					
Playgroup or parent-child group	143	42.7	24.5	14.881	***
Parenting education courses or parent support groups	143	13.3	14.7	0.036	NS
Maternal and child health nurse	143	30.8	16.1	7.547	**
Hospital emergency ward	143	51	44.8	1.085	NS
Hospital outpatient clinic	143	21.7	18.2	0.485	NS
GP services	143	90.2	80.4	6.036	*
Adult mental health services	143	4.2	2.8	-	-
Migrant/ethnic resource services	143	0.7	0	-	-
Speech therapy	143	13.3	21	3.226	P < .1
Dental services	143	42.7	48.3	1.289	NS
Paediatrician	143	25.2	18.9	1.641	NS
Other medical specialists	143	34.3	30.1	0.543	NS
Other medical services	143	17.5	12.6	-	-
Disability services	143	2.1	2.1	-	-
Church or religious groups	143	20.3	20.3	-	-
Drug or alcohol services	143	1.4	0	-	-
Counselling services	143	12.6	11.2	-	-
Psychiatric services	143	4.2	4.9	-	-
Housing services	143	2.8	1.4	-	-
Charities (e.g. Salvation Army)	143	3.5	3.5	-	-
Other child/family service	143	4.2	1.4	-	-
<i>Area 1</i>					
Playgroup or parent-child group	52	40.4	23.1	-	*
Speech therapy	52	19.2	34.6	-	P < .1
Dental services	52	28.8	51.9	-	**
<i>Area 2</i>					
Playgroup or parent-child group	61	57.4	34.4	-	**
Maternal and child health nurse	61	37.7	13.1	-	**
Hospital emergency ward	61	57.4	41	-	P < .1
<i>Area 3</i>					
Hospital outpatient clinic	30	23.3	3.3	-	*
GP services	30	80	56.7	-	P < .1

P < .05* The McNemar's test is a non-parametric applied to dichotomous variables using a paired sample.

One of the aims of PIEC focuses on increasing parents' social capacity and community connectedness. Parents were asked about their attitudes towards their local neighbourhood and links to the community to gain some measure of their community connectedness.

Access to support can be a crucial factor in reducing isolation for families and building resilience within families and communities. Table 4.5 shows that difficulties

in getting support when needed ‘often’ or ‘very often’ on average were highest in Area 3 and lowest in the Area 1 at T1. There are no consistent patterns in the results at T4. Across all areas the number of parents there were no significant difference over time.

Parents were also asked how they felt about their neighbourhood as a place to bring up children on a scale of 1 (poor) to 4 (very good). On average parents felt about their neighbourhood was a good place to bring up children at T1. Over time there were no significant differences in this rating.

Table 4.5: Neighbourhood and access to support: Changes over time, by area

	N	Mean T1	Mean T4	SD T1	SD T4	Min T1	Min T4	Max T1	Max T4	Sig
<i>All Areas</i>										
How often you need support or help but can't get it	130	3.42	3.37	0.61	0.66	2	4	1	4	NS
Feelings about neighbourhood as a place to bring up children	134	3.13	3.25	0.66	0.53	1	1	4	4	NS
<i>Area 1</i>										
How often you need support or help but can't get it	50	3.52	3.40	0.61	0.57	2	2	4	4	NS
Feelings about neighbourhood as a place to bring up children	52	3.27	3.25	0.45	0.44	3	3	4	4	NS
<i>Area 2</i>										
How often you need support or help but can't get it	60	3.32	3.32	0.60	0.72	2	1	4	4	NS
Feelings about neighbourhood as a place to bring up children	61	3.08	3.30	0.69	0.56	1	1	4	4	P < .1
<i>Area 3</i>										
How often you need support or help but can't get it	20	3.45	3.45	0.60	0.69	2	2	4	4	NS
Feelings about neighbourhood as a place to bring up children	21	2.95	3.10	0.92	0.62	1	1	4	4	NS
Paired sample t-test		P< .001*** P< .01** P< .05*								

Participation in community service activities can indicate connectedness to the local community, shown in Table 4.6. It is interesting to note that the majority of parents are not involved in these activities, perhaps reflecting the amount of time required to care for young children and to participate in paid work. At T4 there was a significant increase compared to T1 in the percentage of parents participating in ongoing community service activities across all areas combined. Within Areas there were no significant differences over time although the percentages have increased, especially in Areas 1 and 3.

The final question in this table relates to community cohesion. Response to the question ‘would you like to move away from your neighbourhood?’ provides an indication of attitudes towards living in a particular area. At T1 the highest ‘yes’ response was from Area 3, where over a third said that they would move if they could.

At T4 there were no significant differences across all areas combined and within areas.

Table 4.6: Community Connections

	N	Yes (%)	Yes (%)
<i>All Areas</i>		T1	T4
Participates in community activities	134	23.9	31.3
Would like to move	135	20	24.4
<i>Area 1</i>			
Participates in community activities	52	26.9	38.5
Would like to move	52	7.7	21.2
<i>Area 2</i>			
Participates in community activities	60	23.3	26.7
Would like to move	61	24.6	24.6
<i>Area 3</i>			
Participates in community activities	22	18.2	27.3
Would like to move	22	36.4	31.8

NcNemar Chi test was conducted on these responses but could not be calculated due to small cell size.

4.4 Summary

PIEC aims to support parents in their parenting and to linking families to the community more broadly via information, individual and group parenting sessions and opportunities to meet other parents and helping parents to access other services. Over time, parents indicated changes in a positive direction in some areas of parenting including giving their children a reason why rules should be obeyed and how often parents explained to their children why they were being corrected. As these changes were not part of a consistent change in parent-reported efficacy it is not possible to attribute them with any confidence to PIEC. Nonetheless, these changes suggest that parents have more responsive and consistent patterns of interaction with their children, which will promote children’s security and thereby reduce problem behaviours.

Evidence of changes in families’ community connectedness is weak, although parents across all areas combined indicated increased contact with other family members over time and there were some increases in service use in two areas. Overall, attitudes toward the local neighbourhood did not change over time. The relative lack of impact of PIEC on community connectedness is probably due to the emphasis of the program on staff-child relationships during its first two years of implementation.

5 Implementation and Perceived Usefulness of PIEC

This section reviews the data collected from parents and staff on how useful each component of the intervention was perceived to be, and on the overall usefulness of PIEC. Staff were also asked to assess the extent to which the different program elements had been implemented.

5.1 Parents rating of usefulness

At T4 parents were asked to rate the overall usefulness of PIEC and the individual program components on a scale of 1 to 10, with 1 ‘being not useful at all and 10 being extremely useful. The mean rating was 7 or above in terms of usefulness. These high ratings are also reflected in Table 5.1 which shows parents’ overall ratings of the various components of PIEC on a scale of 1 ‘not at all useful’ to 5 ‘very useful’. In most instances with the exception information about community events on average parents rated the components of PIEC as useful or very useful across all areas combined.

Table 5.1 Parents’ Rating of Usefulness of PIEC Program Components: T4

	N	Mean	SD	Min	Max
<i>All Areas</i>	T4	T4	T4	T4	T4
Parent information sessions	113	3.88	1.12	1	5
Individual support from PIEC worker	124	3.90	1.12	1	5
Information about services	153	3.65	1.05	1	5
Support to access services	122	3.54	1.08	1	5
Information about community events	135	3.44	1.12	1	5
Opportunities for contact with other parents	127	3.60	1.02	1	5
Printed information and handouts from PIEC worker	180	3.91	1.11	1	5

5.2 Parents access to PIEC

As outlined previously, PIEC comprises a number of different components. Parents were asked if they had received information or support from the PIEC worker in relation to the different parenting components, including aspects of parenting, child development, opportunities to meet other parents, and accessing services. Table 5.2 shows that on average parents’ access to support from the PIEC worker in all program areas, except helping parents feel good about themselves, had increased between T1 and T4. Most noticeably, in Area 1 there was a significant increase in the percentage of parents who had been helped by the PIEC worker in relation to all but one of the items listed in Table 5.2. In Area 3 there was a significant increase in the percentage of parents indicating that PIEC had helped them with parenting their child and information about services. There was an increase, across all areas combined between T1 and T4, in the number of parents who had gained skills from the PIEC worker about how to play with their child and how to improve their child’s development.

Table 5.2 Parents' Receipt of PIEC Components: Changes over time, by area

	N	Yes (%)	Yes (%)	McNemar Chi	Sig
<i>All Areas</i>		T1	T4		
Helped you in your parenting	119	20.2	41.2	37.5	***
Helped you learn about your child's learning and development	117	29.1	54.7	15.018	***
Teach you the skills about how to play with and teach your child	110	14.5	43.6	24.025	***
Support and respect your families culture	107	13.1	27.1	6.759	**
Help you find support by talking with other parents	107	8.4	30.8	16.531	***
Help to improve your child's development or behaviour	112	25	57.1	22.685	***
Help you in your relationship with partner	107	3.7	8.4	-	-
Hep you feel good about yourself	108	11.1	16.7	-	-
Tell you about other services to help your child	111	22.5	44.1	11.021	**
Tell you about other services to help your family	110	14.5	37.3	14.049	***
Provide an opportunity to meet other parents	110	25.5	49.1	14.58	***
<i>Area 1</i>					
Helped you in your parenting	44	31.8	59.1	-	**
Helped you learn about your child's learning and development?	45	40	48.9	-	-
Teach you the skills about how to play with and teach your child	40	25	52.5	-	**
Help you find support by talking with other parents	41	14.6	36.6	-	*
Help to improve your child's development or behaviour	42	33.3	57.1	-	*
<i>Area 2</i>					
Helped you in your parenting	57	14	56.9	22.321	***
Helped you learn about your child's learning and development	56	19.6	57.1	14.815	***
Teach you the skills about how to play with and teach your child	55	9.1	34.5	-	**
Support and respect your families culture	53	11.3	18.9	-	-
Help you find support by talking with other parents	50	6	24	-	*
Help to improve your child's development or behaviour	55	18.2	56.4	14.815	***
Tell you about other services to help your child	53	9.4	30.2	-	*
Tell you about other services to help your family	54	5.6	29.6	-	**
Provide an opportunity to meet other parents	54	22.2	51.9	8.036	**
<i>Area 3</i>					
Helped you in your parenting	18	11.1	55.6	-	**
Helped you learn about your child's learning and development	16	31.3	32.5	-	-
Teach you the skills about how to play with and teach your child	15	6.7	53.3	-	*
Support and respect your families culture	15	6.7	46.7	-	*
Help you find support by talking with other parents	16	0	37.5	-	*
Tell you about other services to help your family	14	14.3	57.1	-	*
Provide an opportunity to meet other parents	16	18.8	68.8	-	**

P < .001 *** NB only significant difference within areas is presented here.

P < .01 **

P < .05 *

5.3 Staff rating of usefulness

Table 5.3 Staff rating of usefulness T4

	N	Mean	SD	Min	Max
		<i>T4</i>	<i>T4</i>	<i>T4</i>	<i>T4</i>
<i>All Areas</i>					
Playspaces	96	4.43	0.64	2	5
Training in attachment and relationships	97	4.46	0.63	2	5
Information on child's social-emotional development	96	4.55	0.60	3	5
Linking families to services, information and support	96	4.28	0.82	2	5
Thinking/talking about children's development	98	4.69	0.48	3	5
Feedback and support from PIEC worker	97	4.64	0.58	3	5
Providing information and resources to staff	98	4.41	0.57	3	5
Parent sessions	85	4.01	0.88	2	5
Supporting relationships between children and staffs	97	4.56	0.61	3	5
Supporting relationships between staff and parents	97	4.35	0.74	2	5
Supporting relationships between children and parents	97	4.35	0.72	2	5
Overall improvement to the centre	96	4.48	0.62	3	5
<i>Area 1</i>					
Playspaces	29	4.21	0.77	2	5
Training in attachment and relationships	29	4.66	0.48	4	5
Information on child's social-emotional development	28	4.57	0.50	4	5
Linking families to services, information and support	29	4.62	0.49	4	5
Thinking/talking about children's development	29	4.76	0.44	4	5
Feedback and support from PIEC worker	29	4.72	0.45	4	5
Providing information and resources to staff	29	4.59	0.50	4	5
Parent sessions	29	4.41	0.78	3	5
Supporting relationships between children and staffs	29	4.62	0.49	4	5
Supporting relationships between staff and parents	29	4.52	0.63	3	5
Supporting relationships between children and parents	29	4.52	0.63	3	5
Overall improvement to the centre	29	4.52	0.51	4	5
<i>Area 2</i>					
Playspaces	37	4.51	0.61	3	5
Training in attachment and relationships	38	4.34	0.75	2	5
Information on child's social-emotional development	37	4.70	0.46	4	5
Linking families to services, information and support	36	4.03	0.94	2	5
Thinking/talking about children's development	38	4.71	0.46	4	5
Feedback and support from PIEC worker	38	4.66	0.58	3	5
Providing information and resources to staff	38	4.42	0.55	3	5
Parent sessions	35	4.00	0.80	3	5
Supporting relationships between children and staffs	37	4.76	0.49	3	5
Supporting relationships between staff and parents	38	4.50	0.60	3	5
Supporting relationships between children and parents	38	4.47	0.60	3	5
Overall improvement to the centre	37	4.57	0.55	3	5

Table 5.3 (cont.)

	N	Mean	SD	Min	Max
		T4	T4	T4	T4
<i>Area 3</i>					
Playspaces	30	4.53	0.51	4	5
Information on child's social-emotional development	31	4.35	0.75	3	5
Linking families to services, information and support	31	4.26	0.82	2	5
Thinking/talking about children's development	31	4.61	0.56	3	5
Feedback and support from PIEC worker	30	4.53	0.68	3	5
Providing information and resources to staff	31	4.23	0.62	3	5
Parent sessions	21	3.48	0.87	2	5
Supporting relationships between children and staffs	31	4.26	0.73	3	5
Supporting relationships between staff and parents	30	4.00	0.87	2	5
Supporting relationships between children and parents	30	4.03	0.85	2	5
Overall improvement to the centre	30	4.33	0.76	3	5

Staff were asked to rate the usefulness of the various components of PIEC including playspaces, training in attachment and relationships, the provision of information and linking families to other support services on a scale of 1 'not at all useful' to 5 'very useful'. Table 5.3 shows that the majority of staff rated all components of PIEC as useful or very useful at T4. At T4 staff on average indicated that the different aspects of the program were useful: including training in attachment and relationships, information on the child's social-emotional development, thinking and talking about children's development, feedback from the PIEC worker and providing information and resources to staff. Few differences in the average rating between the areas are evident, with the exception of parent information sessions in Area 3.

5.4 Staff Implementation Rating

PIEC consists of a number of components. At T4 staff were asked to rate to what extent the centre had implemented each component on a scale of 1 'not at all' and 5 'fully', shown in Table 5.4. The implementation score is based on the average score out of five that staff allocated to specific components of the program and is intended to act as a proxy for the differences in the overall level of program implementation across the three different areas. The process evaluation found differences between the centres, at least in the initial stages of the implementation of PIEC, in the emphasis placed on these components. Some centres focused more on supporting families and children and linking them to services, while others focused on attachment training and the introduction of playspaces. This result is consistent with findings from the process evaluation, outlined in Section 6.

Table 5.4: Implementation rating by staff by area

	N	Mean	SD	Min	Max
<i>All areas</i>		T4	T4	T4	T4
Playspaces	97	3.99	0.93	2	5
Training in attachment and relationships for staff	97	4.39	0.80	1	5
Parenting information sessions	87	3.87	1.28	1	5
Linking families to services, information and support	96	4.30	0.81	2	5
Linking families to the community	96	4.07	0.91	1	5
<i>Area 1</i>					
Playspaces	29	3.48	0.99	2	5
Training in attachment and relationships for staff	29	4.62	0.62	3	5
Parenting information sessions	29	4.52	0.63	3	5
Linking families to services, information and support	29	4.79	0.41	4	5
Linking families to the community	29	4.62	0.62	3	5
<i>Area 2</i>					
Playspaces	37	4.46	0.73	3	5
Training in attachment and relationships for staff	37	4.43	0.83	1	5
Parenting information sessions	37	4.22	1.08	1	5
Linking families to services, information and support	36	4.39	0.73	3	5
Linking families to the community	36	3.92	0.97	1	5
<i>Area 3</i>					
Playspaces	31	3.90	0.83	2	5
Training in attachment and relationships for staff	31	4.13	0.85	2	5
Parenting information sessions	21	2.38	1.12	1	4
Linking families to services, information and support	31	3.74	0.86	2	5
Linking families to the community	31	3.74	0.86	2	5

5.5 Summary

The evaluation findings indicate that PIEC has supported parents in their parenting role. Over time there has been a significant increase in the number of parents accessing support from the PIEC worker and overall ratings of the usefulness of the program by parents and staff were high.

6 Process Evaluation

The formative or process component of the evaluation focuses on the development and implementation of the PIEC program. It aims to monitor the extent to which services are delivered in the form envisaged by the Benevolent Society. Where the results of the program are not those envisaged by the Benevolent Society, the evaluation design, based on the principles of action research, seeks to inform current and future developments of the PIEC program (Wadsworth, 1993).

6.1 Process Evaluation Questions

The overall aim of the process evaluation is to determine whether and how the PIEC program has improved outcomes for children. It also aimed to determine the extent to which the model has contributed to improvements in these outcomes. The following questions were investigated in the process evaluation:

- To what extent is the implementation of the PIEC program consistent with the Project Logic?
- What factors supported or impeded the implementation of the PIEC program internally and externally?
- Was the implementation of the model effective and efficient?
- What have been the key changes implemented in the PIEC program as a result of the implementation?
- What were the strengths and key challenges?
- Are the project delivery documentation, including project management guidelines, quality assurance systems and staff training programs proving to be adequate, appropriate and supporting effective project operations? If not, what action is planned to refine them?

6.2 Data Sources

This section describes the data collection methods and instruments used in the process evaluation component. A triangulated methodology is employed to explore the process of development and implementation and the experiences of stakeholders from a number of perspectives. This component of the evaluation consisted of interviews with key personnel, children's services staff interviews and parents/carers.

The process evaluation was conducted in six sites, two in each of the three areas. Table 6.1 summarises the data collection for this first round, which took place between August and December 2006. Child care/preschool and parent interviews were held in August and key personnel interviews in November and December. In person interviews were conducted with children's services staff and telephone interviews were conducted with key personnel from partner organisations. PIEC workers and parents were interviewed in person and via the telephone. The second round of data collection took place in October and November 2007. Where possible the same participants were interviewed in the second round.

Table 6.1 Interview Participants

	All areas		Area 1		Area 2		Area 3	
	Aug 06	Oct 07	Aug 06	Oct 07	Aug 06	Oct 07	Aug 06	Oct 07
Key Personnel (partner organisations, Benevolent Society, PIEC staff)	11	8						
Directors	6	7	2	2	2	2	2	3
Centre-based children's services staff	16	14	4	5	8	4	4	5
Families	10	11	3	3	5	6	2	2
Total	43	40	9	13	15	14	8	13

Key personnel interviews

A number of face-to-face interviews in each site involving key personnel from the Program including the representatives from the partner organisations involved in PIEC, PIEC's program staff and Directors were conducted to gain the management level perspective on the implementation process.

Topics discussed in the interviews included:

- Implementation process of the PIEC program
- Perceived impact of the PIEC program
- Barriers and difficulties

Children's services staff

Up to 5 interviews were conducted with children's services staff in each site to examine the differences between process goals and practice.

Topics discussed in the interviews included:

- Knowledge of aims and objectives of the PIEC program
- Changes in processes as a result of the PIEC program
- Barriers and difficulties
- Perceived impact of the PIEC program

Family interviews

A sample of parents/carers were interviewed about their experience with the PIEC program and perceived impact. The sample included parents who have participated in the different types of interventions within the program.

Topics discussed in the interviews included:

- Access to information/support via the PIEC program
- Parents/carers contact with the psychologist/family worker

- Relationships with children’s services staff
- Perceived impact of the PIEC program on children’s behaviour
- What has been of most help
- Connection to the community outside the centre or preschool

Review of project documentation

Project documentation was collected as part of the second round of data collection. These included: project delivery documents, management guidelines and protocols, implementation documentation, staff requirements and training modules. These documents were reviewed and are contained in Appendix B.

6.3 Summary of findings from the first round of fieldwork

The first process report describes the early experience of implementation, operation of the PIEC program in the different areas, and barriers and facilitators in change in the first year of the program. The main findings, as summarised in the interim evaluation report, were the following.

- Differences in family demographics, emergent social-emotional difficulties of children and type of setting have all had an impact on the implementation of the program. There is variation on the emphasis being placed on the different activities of the PIEC program between settings.
- Commitment from the partner organisations and directors has been vital to the successful implementation of the program as is an understanding of the theoretical and practical components of the program.
- There is a need to balance the requirement to implement the program as designed with the requirement that the PIEC program be context-responsive and sensitive to the requirements of individual settings.
- It is important that the PIEC program is introduced gradually, while accommodating the particularities of individual sites, staff and relationships.
- There is a high administrative burden imposed on directors through their involvement in meetings and planning.
- There were a number of characteristics of *settings* that fostered openness to change and ready acceptance of what the PIEC program entails. These include a respectful workplace environment; gradual implementation; and support for all staff in changing practice.
- PIEC worker characteristics were also important. The introduction of the PIEC program ran more smoothly when the PIEC worker was familiar with early childhood settings and PIEC’s theoretical basis; adopted the usual practices for the centres or the preschools; and worked as part of the team.
- Some resistance to changing practice occurred when there was a disconnection between staff practice knowledge of ‘what works’ and the model of care proposed by the PIEC program

- Limited time available for PIEC workers to talk to staff, and for staff to step back and reflect on the information provided by PIEC workers, were common issues raised in the interviews.
- Many families across the regions have difficulties and needs that are not readily addressed by any one intervention. It is important that the PIEC program connect parents to services and provide information and training to parents, but this type of intervention is known to be very difficult, time and resource intensive, and with difficult-to-measure effects.
- Establishing connections with families is difficult when PIEC staff are only in the centres or preschools part-time and parents are usually rushing to either drop off or pick up their children.
- Considerable changes seem to have resulted from the implementation of PIEC, although it varies from site to site depending on the length of time it has been operating and the emphasis placed on the different components of the program.
- In most sites the introduction of the PIEC program has led to an increase in staff's reflective capacity and the language used in relation to children's social-emotional development.
- In the area where the PIEC program has focused more directly on linking families with the service system staff noted that they now were more aware of the range of services available to support families in the local area.
- Parents who attended the information and parenting sessions found them very informative and useful.
- The principles of the PIEC program are being incorporated into the centres and preschools, to varying degrees within and across regions, but the program cannot be sustained without resources specifically earmarked for its implementation. (Thomson, valentine et al., 2007: vi-vii)

6.4 Summary of findings from the second round of fieldwork

Detailed findings from the second round of fieldwork are contained in the final process evaluation report (Thomson and valentine, forthcoming). Overall, PIEC had been implemented in each centre that participated in the process evaluation. In the first report we noted that there was variation between and within areas in the focus on the various components within PIEC for example some centre had implemented playspaces completely while others had focused their activities more closely on linking families with services. By the second round of fieldwork, all centres had implemented them, although variations in the way playspaces operated within centres was evident. All interview participants who discussed them were supportive, but also highlighted the challenges posed in implementing them within a long day care setting with fairly high child to staff ratios. Playspaces were described as allowing staff some time to reflect and observe, as bringing about changes to the interactions between children, and making centres or rooms calmer than they had been. They were also described as a big change in some respects. Centre staff described playspaces as counter-intuitive initially, because centre-based children's services are so busy and active and staff are used to moving around. In some cases it seemed that staff still struggled with the practice of playspaces, even though they support them, because of the challenge of sitting down while others were 'working'. Minimum staffing ratios, and difficulties with linking the theory of playspaces to the practical operation within

centres, also represented challenges for some staff. Participants acknowledged these difficulties but were also committed to incorporating them into the regular operation of their centres.

The extent to which playspaces were discussed in interviews is very encouraging as it indicates both engagement with playspaces as a component of PIEC, and adaptation of the program to meet local needs. Both of these suggest that staff at all levels have taken on PIEC as part of their work and that centres are adapting the program to make it work for them, rather than trying to force a new and foreign activity into their practice. There are a few possible risks with this that should be monitored: first, that the rationale behind playspaces is lost in the efforts expended to implement them; and second, that there are so many adaptations and changes made to playspaces that they do not have the desired outcome of fostering a predictable environment.

Another major component of PIEC is providing support to families through playgroups, parent information sessions, informal events such as parent mornings and individual support and counselling. The implementation of this component of PIEC, which involves the provision of information and support to families as well as staff, does not require the significant change in practice that playspaces do. In some settings this component of PIEC was introduced first. This allowed staff to develop relationships and trust with staff and families, before attempting to introduce changes in practice in the centre. Connecting to parents within the centres was, as noted by many PIEC workers, initially quite difficult because of the time needed to develop relationships and trust. However, once these relationships were established PIEC staff reported that parents would approach them for information, to discuss issues of concerns about their children or to help them to organise assessments and contact other services.

An important component of PIEC is providing staff with hands-on training and supervision to increase their understanding of children's behaviours and relationship needs. All centres reported positive changes brought about by this aspect of the program, describing benefits such as having an extra pair of eyes and ears, extra knowledge and different perspectives, opportunities to debrief and strategise, and support and validation of existing practices.

Changing practice through increasing staff understanding of children's behaviours means challenging their knowledge and practices, and this is probably one of the most challenging tasks for PIEC workers. There are several reasons for this. Changing practice is always difficult, and individual staff in centres were not always well-prepared for PIEC in that they did not always know that practice change is a component of it. Because of the challenges of early education and care, especially in centres that are facing resource constraints and/or work intensification, there are relatively few 'teachable moments' for staff in day-to-day activities. As a relationships-based intervention, PIEC relies very heavily on relationships between staff, and where there were difficulties in personal relationships these tended to create difficulties in communicating about the program. PIEC staff occupy a particular position within centres, employed by the Benevolent Society and in the centres for relatively few hours each week. As the program developed, PIEC and other staff developed a range of strategies to deal with each of these issues.

6.5 Summary of process evaluation questions

This section draws on the findings from the first and second rounds of data collection for the process evaluation conducted in August 2006 and October 2007, in response to the process evaluation questions.

1. To what extent is the implementation of the PIEC program consistent with the Project Logic?

The project logic of PIEC is that the program elements of PIEC will lead to improved staff-child relationships, improved relationships between staff, parents, and communities; and improved quality of care, with long-term benefits for children's social-emotional development. The implementation of PIEC was consistent with that logic as specific efforts were directed, as summarised above, on each of the program elements of playspaces; training for staff; provision of information and resources to parents; and social/support groups for parents.

2. What factors supported or impeded the implementation of the PIEC program internally and externally?

The following factors were critical in supporting allow successful *establishment* of PIEC:

- Clear definition of the aims and objectives of the program (including its focus on practice change) to partner organisations, centre directors and staff.
- Development of Memorandums of Understanding specifying the commitment and support from partner organisations.
- Confirm directors' and staff's commitment to the program as part of selection of centres at outset.
- Time to explain the program and allow for gradual introduction of changes.
- Clear definition of the roles and responsibilities of PIEC within the centre.

The following factors were critical in supporting the ongoing *operations* of PIEC:

- Support of partner organisation and directors for the program.
- Clear understanding of the philosophy underpinning PIEC and the resulting practice change.
- Staff involved in planning for changes.
- Staff attendance at training on attachment and Circle of Security early in the implementation process.
- Ongoing training on attachment and Circle of Security, relating theory to experience and practice.
- Continuity of staff (centre and PIEC).
- Time to establish relationships of trust between PIEC worker, staff, children and parents.

The following factors are critical in establishing the ongoing *sustainability* of PIEC:

- Difficult to sustain practices without support of PIEC worker.
- It takes time to embed PIEC principles into day-to-day routines.

3. What have been the key changes implemented in PIEC projects as a result of the implementation?

This section summarises the key changes brought about by PIEC for staff, children and families.

Staff:

- Staff seem more confident and happy just being with the children.
- Staff have a greater understanding what PIEC is trying to achieve.
- Staff are empathetic and have a greater capacity to see things from the children's perspective.
- Staff feel more supported and valued.
- Staff feel more confident in their practice.
- Staff work more as a team.

Children:

- Children feel more secure that staff are there and can be more adventurous.
- Children are supported with transition of the day—settling in and transition back home.
- Children feel more confident to expose their emotions.
- Children seem happier because staff are more predictable and focused on them rather than routine care and administration tasks.
- Centre seems calmer.

Parents/families:

- Families have a different understanding of children's behaviour.
- Some families with multiple or complex needs have received intensive support.
- Families are supported and linked to information and services.

The key challenges in implementing the program were:

- Staff may be reluctant to think about children's emotions at cost of managing behaviour.
- Difficulties associated with being emotionally available to children with high staff to child ratios.
- Resources are required from staff and directors to attend training, supervision, meetings and participate in the evaluation.

- Increasing numbers of casual staff in centres.
 - Difficulties relating theory to practice.
 - Difficulties associated with implementing Playspaces in different settings.
 - Playspaces require constant support and development
 - A flexible approach to Playspaces is required for each centre to make it work.
- 4. Are the project delivery documentation, including project management guidelines, quality assurance systems and staff training programs proving to be adequate, appropriate and supporting effective project operations? If not, what action is planned to refine them?**

Over time PIEC staff reported that the program had become more focused and clear about what was to be achieved. Evidence of this can be found in the development and documentation of the project model and requirements. In the initial stages of the implementation process there was little documentation outlining policies and procedures. Over time protocols and guidelines for the orientation and induction of both PIEC staff and children's services staff, definitions of the role of the PIEC worker and appropriate tasks associated with the position, communication and record keeping and instruction manuals for practice change were developed (see attached documentation in Appendix B). This project delivery documentation is important in standardising the implementation of the program across areas but has also assisted the implementation of PIEC in other centres that became involved in the project more recently.

Overall, we found a very high level of support for the program from each group of participants in this evaluation: parents, PIEC staff, children's services staff and partner organisations. Participants also described barriers to the effective implementation of the program, which included reservations about specific elements of the program, or were based in difficulties in relationships between specific individuals or organisations. An additional barrier, external to PIEC, comes from the challenges of working with young children in centre-based early education and care. Several centres experienced quite severe pressures during the implementation of PIEC. The success of the program and its support from staff is therefore significant, as was the report from several participants that the biggest obstacle to implementing PIEC is workload (Thomson and valentine, 2008).

7 Summary and Conclusions

7.1 Summary of the evaluation findings

The PIEC program uses generalist centre-based children's services to foster attachment relationships between children and caregivers (parents and teachers), to enhance children's social-emotional development. The program also provides support to parents including access to information and services to reduce social isolation.

National and international research shows that providing a range of early childhood interventions delivers positive outcomes, in particular for disadvantaged children.

The PIEC model is based on the importance of high quality early childhood interventions, and its premises are:

- Childcare settings play a significant role in family and community life – often they are the first place families turn to when they need help
- Early childhood staff have considerable expertise in working with families, but often need extra support and assistance to work with parents around sensitive issues.
- Families often need support to build community connections and networks with other families to reduce isolation.
- Early intervention in a childcare setting can help vulnerable children to form positive attachments with peers and significant adults, paving the way for a successful transition to school.
- Quality early childhood programs can reduce the effects of disadvantage for disadvantaged communities

Overall the evaluation findings show that changes relating to the Invest to Grow Priority Areas of 'early learning and care' and 'supporting families and parents' have occurred in particular the relationships between children and staff and children and parents; the social-emotional development of children; and to some degree, community connectedness.

Attachment Relationships

While the majority of staff started off with positive and effective relationships with the children, over time there was a significant increase in staffs' ratings of the closeness of these relationships. At baseline, some parents indicated higher levels of dependency in their relationships with their children when compared with staff. Over time for parents there was a reduction in their ratings of dependency at the bivariate level, which suggests that children have become more secure in their relationships with parents. 'Dependency' describes exaggerated, clingy dependence and reflects insecure attachments.

The main changes as reported by staff over time, based on the bi-variate analysis, include:

- Across all areas staff's ratings of levels of dependency has decreased.

- Staff's ratings of closeness have increased in Areas 1 and 3 combined.

The main changes as reported by parents over time, based on the bi-variate analysis, include:

- Significantly lower levels of dependency across all areas.
- Overall there are movements in a positive direction across the remainder of subscales and total CPRS for all areas although not at a statistically significant level.

Multivariate analysis revealed an increase in staff's ratings of closeness in Area 1 and Area 3.

Children's social-emotional development

PIEC focuses on the development of secure relationships, which it is anticipated over time, will influence the social-emotional development of children. Although at baseline most children's social-emotional development was not problematic, over time staff indicated positive changes in the overall social-emotional development of children and the way children interact with their peers.

The main changes reported by staff over time include:

- Significant decrease in peer problems.
- Significant increase in prosocial behaviour.

For parents the reported changes over time include:

- Significant decrease peer problems.
- Significant decrease in conduct problems
- Significant decrease in total difficulties

Experience of childcare or preschools setting

PIEC also aims to improve the quality of children's early learning experience. One way to assess this is by asking caregivers or teachers how comfortable the child is in the child care centre or preschool. Over time there was an increase in the staff's overall rating of how comfortable the children were in the child care setting but not at a significant level after controlling for age.

Access to information and support

PIEC also provides support to parents via information, individual and group sessions and opportunities to meet other parents. Over time there was a significant increase in the number of parents accessing support from the PIEC workers. Parents also indicated changes in a positive direction in some areas of parenting including giving their children a reason why rules should be obeyed and enjoying doing things with their children.

Overall usefulness of PIEC

Overall, the evaluation shows the PIEC program was highly valued by partner organisations, staff and families, with the majority rating it as useful or very useful.

At T4 on average staff indicated that the different aspects of the program were useful: including training in attachment and relationships, information on the child's social-emotional development, thinking and talking about children's development, feedback from the PIEC worker and providing information and resources to staff were useful. Some differences between the areas are evident, most particularly in relation to linking families to support and services.

7.2 Discussion

A number of limitations of the evaluation method need to be considered in the interpretation of these findings and the extent to which they are generalisable to the broader population. The evaluation method used a pre-test/post-test design to examine changes over time. The intent had been to use a comparison group so that changes in the various domains over time could be more confidently attributed to the intervention. Although a number of options were investigated it proved too difficult and costly to recruit centres not involved in PIEC to participate in the evaluation. Also it is important to note that changes in outcomes over the evaluation period can not be measures against improvement as a result of the experience of being in a childcare setting. Also the evaluation could not collect information about other factors that may influence outcomes including turnover of families in the centres and the reasons staff changes.

Overall the evaluation found changes in the primary domains in which they were predicted according to the project model logic: attachment relationships; social-emotional development; and parenting with the exception of community connectedness. Because most children showed 'normal' behaviour at baseline, it was not anticipated that dramatic differences in behaviours would be shown over the course of the study. However, positive changes, although small in some cases, are evident in some areas, and there are promising indicators in others. This is the case for reductions in conflict and dependency in two areas, as higher levels are predicative of problem behaviours and poor school achievement. Another positive change is in attachment relationships, indicated by decreasing dependency, signifying more secure attachment between staff and children, a core area of the intervention. Also research has shown that attachment scores tend not to change in the absence of an intervention. Changes to attachment relationships in the study groups may then be attributed to the PIEC with some confidence. Although it is always difficult to differentiate between the impact of a program such as PIEC and other factors that may have influence outcomes, these changes appear to be confirmed over the short-term. However, further analysis over a longer period is required to ascertain whether these improvements are sustained over the long-term.

7.3 Conclusions and Recommendations

The PIEC model is contributing to building the Australian evidence base for early intervention in an early childhood setting. At present evidence is largely drawn from overseas research of the impact of quality early childhood intervention programs (such as Perry Preschool High/Scope study, Abercedarian, Chicago Parent-Child

centres and now the latest research from the EPPE (3-11) project and Sure Start Children's Centre's in the UK. The overall evaluation of PIEC program has demonstrated that it is showing promising results in improving attachment relationships, improving children's social-emotional development, improving children's experience of childcare, supporting parents with parenting and high satisfaction rates from participating partners, staff and families.

The theoretical evidence for PIEC is based on the importance of attachment relationships to young children and their caregivers. Securely attached children feel confident in the availability of their carer when needed, and so develop a sense of self-competence. Secure attachment relationships have been shown to be predictors of social competence, better relationships with teachers and less likelihood of behaviour problems (Wartner et al., 1994). Research indicates that attachment quality has an important influence on the success of a child's developmental pathway toward self-reliant adulthood (Hoffman and Marvin, 2006). If children do not feel secure in their relationships with the adults in their environment, their ability to understand and regulate their own emotional state, and to relate to adults and their peers, will be hindered. This can lead to delayed or underdeveloped emotional and social development (Hughes, 1998). While some clinical interventions based on diagnoses of attachment disorders have been criticised (Barth et al., 2005), therapeutic programs based on reducing the risk of insecure and disorganised attachment have been shown to be promising (Hoffman and Marvin, 2006; Suchman et al., 2006).

In the absence of interventions, attachment patterns tend not to change, but interventions can increase the sensitivity of caregivers in child care settings, and increased sensitivity is associated with increases in the attachment security of children (Bakermans-Kranenburg et al., 2005; Howes et al., 1998). One intervention, based on a simplified attachment protocol called the Circle of Security, suggested a 'significant positive impact on the attachment-caregiving patterns of high-risk toddlers, preschoolers, and their primary caregivers' (Hoffman and Marvin, 2006; Suchman et al., 2006). Children with secure attachments to nonparental carers are more socially competent with peers, and longitudinally have more positive relationships with teachers (Howes, 1999; Howes and Shivers, 2006; Pianta et al., 2002). Conversely, poor attachment relationships between children starting school and their teachers have been shown to predict problems in behaviour and test scores in school (Hamre and Pianta, 2001). Attachment security is associated with positive teacher interaction and cognitive activity in child care settings, and low security scores are seen as a cause for concern (Howes and Smith, 1995). Children who have secure relationships with their carers display more competent interaction with staff and more advanced peer play during the early childhood years. These outcomes are sustained well into the second grade (Howes, 2000; Ladd and Burgess, 1999).

An overall objective of PIEC is to improve the quality of care provided in early education and care services. Process quality (appropriate caregiving and developmentally appropriate activities) and structural quality (such as adult: child ratios and the educational qualifications of carers) are both important (Howes and Smith, 1995; NICHD Early Child Care Research Network, 2000; Vandell and Wolfe, 2000; Zenah et al., 2005). Research has found that that children

appear happier, have closer and more secure attachments to caregivers, and perform better on standardized cognitive and

language tests in settings with higher process quality, that is, settings with developmentally appropriate activities and caregivers who are emotionally supportive and responsive to their needs (Vandell and Wolfe, 2000).

Specifically, the development of the PIEC model is based on research showing that high quality interventions focusing on the development of secure relationships between child care staff and children are linked to improved outcomes for high risk children (Shonkoff and Phillips, 2000; Swan and Dolby, 2003; Watson, 2005; Yandell and Hewitt, 1995).

In addition to fostering secure attachment relationships, PIEC aims to support families with all aspects of parenting, through connecting isolated families and linking them to other parents at the centre and appropriate local services. This will lead to improved family capacity and resources and an increase in social and community connectedness. In order to support parents and families in this way, groups such as supported playgroups and parent information and education sessions are run in some centres; and information and referral to services is offered to parents who need it. Early childhood services are emerging in the research literature as having a positive impact on family members other than the child attending, and an impact on building family resilience through the provision of processes, opportunities and relationships (Duncan et al., 2005)

The implementation experience of PIEC included several challenges. In common with the implementation of Sure Start in the UK, Families First in NSW and Best Start in Victoria, it took time for PIEC to be implemented and in some cases more resources than had been anticipated to ensure the capacity of organisations and staff to make the changes to practice involved in PIEC (Fisher et al., 2004; National Evaluation of Sure Start, 2002; Raban et al., 2006). As with any new program, structures and processes are clarified, refined and strengthened throughout the implementation period. Most new and innovative programs take time to be established and it is often towards the end of the funding period that programs are running most effectively. However, there are usually some aspects of the program that would benefit from further refinement to facilitate a more streamlined implementation and PIEC is no exception to this. This should not detract from the achievements of the program to date but rather support the subsequent implementation of the program in other early education and care centres. These include the management of partnerships, project documentation and processes to support the introduction of PIEC within centres. Recommendations from participants involved in the process evaluation to address these issues included:

Management of partnerships

- Provision of clear explanations of the program's aims and objectives and how these are to be achieved.
- Outline the Benevolent Society's expectations of the roles and responsibilities of partner organisations.
- Formulation of written agreements or memorandums of understanding between the Benevolent Society and partner organisations specifying contributions of both parties to the project.

- Strong commitment from partner organisations and centre staff of willingness to participate in the project.
- Provision of clear definitions of role and responsibilities of PIEC workers.

Centre-based children's services

- Providing an orientation package for centres prior to the introduction of PIEC.
- Ensuring all staff are committed to the project.
- Open and ongoing communication between staff.
- Dedicated time for training and reflection.
- Strong leadership to drive change in practice and reinforce the rationale behind proposed changes.
- Providing staff with practical applications of the theoretical approach.
- Ensure children's services staff receive adequate training.

PIEC staff

- The PIEC worker should be familiar with early education and care environments.
- Provide intensive training prior to starting work in the children's services.
- Mentoring or buddy system for PIEC workers in children's services.
- Open processes of feedback between PIEC staff and children's services staff.
- Gradual introduction of changes in practice.
- Build a strong relationship with the director.
- Ensure any concerns and anxieties of children's services staff are addressed to allay fears of being judged (Thomson and valentine, 2008).

In 2005 PIEC was implemented in 14 child care and preschool centres in three separate geographical areas of NSW. Additional centres and preschools, auspiced by a variety of organisation, have come on board since baseline data was collected for the study and hence are not included in the evaluation, demonstrating that the practice is replicable within varied settings and locations.

Overall, PIEC recognises the critical role that early education and care services play in the lives of children, families and communities. Centre-based children's services provide an ideal environment for engaging and supporting families with parenting issues and are often somewhere families turn to when they need assistance. PIEC builds on the existing strengths, skills and resources to provide a universal service designed to support disadvantaged communities. The PIEC model draws on evidence showing that high quality interventions focusing on the development of secure relationships between centre-based staff, parents and children are related to improved outcomes for high risk children. PIEC improves the quality of early education and care services provided to children and families, which is linked to positive outcomes for children's lifetime development.

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Appendix A: Instruments:

Seven instruments are used for each wave:

Parent completed for children under 3
Parent completed for children aged 3-4
Parent completed for children aged 4+

Staff completed for children aged under 3
Staff completed for children aged 3-4
Staff completed for children aged 4+

Satisfaction and usefulness ratings have been collected since T2. Some demographic data collected from parents was not collected in subsequent waves.

Surveys for children under 3 incorporate the BISEA; surveys for children older than 3 incorporate two age-specific forms of the SDQ. T4 parent forms for children under 3 and aged 3-4 are included here.



**Partnerships in Early Childhood Evaluation
Questionnaire for Parents of Children under 3 yrs
Outcomes Evaluation**

Dear Parent,

Your centre is currently involved in the Partnerships in Early Childhood (PIEC) project that is funded by the Australian Government under the Stronger Families and Communities Strategy, Invest to Grow. The Social Policy Research Centre (SPRC) has been commissioned to evaluate the Benevolent Society's PIEC project. The aim of the evaluation is to see how well PIEC has achieved its goals.

The purpose of this questionnaire is to find out whether and how the PIEC helps children, families and staff involved in the project.

Parents will be asked to complete the questionnaire twice a year. It will take approximately 15 minutes to complete.

Participation in the questionnaire is voluntary. You are free at any time to refuse to answer particular questions or stop being part of the research. All the information you give will be treated as confidential, except as required by law. If you have any concerns or complaints at any time about the research, you can contact the Ethics Secretariat at the University of New South Wales by writing or ringing 9385 4234, quoting this reference number: HREC 05135.

If you have any queries about the evaluation please call Cathy Thomson on (02) 9385 7827 or kylie valentine on (02) 9385 7825.

Thank you very much for completing this questionnaire.

Please complete this information before filling in the questionnaire.

First Name _____

Child First Name _____

Name of Centre _____

Today's Date _____

Office Use Only

Parent Code _____

Child Code _____

Centre Code _____

Survey No. (T1, T2 etc.) _____

Section 1 – Demographics

This section contains questions about you and your child. If you have more than one child attending the centre please answer for one. This only has to be completed once.

About you

1. What is your age? _____ Years
2. In which country were you born?

Australia	<input type="checkbox"/> ₁
Other (please specify)	<input type="checkbox"/> ₂
3. Do you speak a language other than English at home?

No	<input type="checkbox"/> ₁
Yes (please specify language).....	<input type="checkbox"/> ₂
4. Are you of Aboriginal or Torres Strait Islander origin? Yes ₁ No ₂
5. What is the highest level of education that you have completed? (mark one only)

A university degree	<input type="checkbox"/> ₁
A diploma at TAFE or college	<input type="checkbox"/> ₂
A vocational certificate	<input type="checkbox"/> ₃
School year 12 or equivalent	<input type="checkbox"/> ₄
School year 10 or equivalent	<input type="checkbox"/> ₅
None of the above	<input type="checkbox"/> ₆
6. Which of the following best describes your current status? (tick all that apply)

In full-time paid work	<input type="checkbox"/> ₁
In part-time paid work	<input type="checkbox"/> ₂
On leave from paid work (includes holidays, sickness, etc.)	<input type="checkbox"/> ₃
Working without pay in a family business	<input type="checkbox"/> ₄
Unemployed and looking for work	<input type="checkbox"/> ₅
Full-time parent	<input type="checkbox"/> ₆
Retired	<input type="checkbox"/> ₇
Studying	<input type="checkbox"/> ₈
Other (please specify).....	<input type="checkbox"/> ₉
7. What is your household's **main** source of income? (mark one only)

Wages or salary earned by you or your partner	<input type="checkbox"/> ₁
Profit or loss from own unincorporated business or share in partnership	<input type="checkbox"/> ₂
Any government benefit, pension or allowance	<input type="checkbox"/> ₃
Any other regular source (please describe).....	<input type="checkbox"/> ₄

About your child

8. Is your child male or female? Male ₁ Female ₂
9. What is your child's current age? _____ years _____ months
10. Was your child born prematurely? No ₁ Yes ₂ (If yes, specify how many _____ weeks)
11. Are you this child's Mother ₁ Father ₂
Grandparent ₃ Other (specify.....) ₄
12. How long has your child attended the centre/preschool? _____ years _____ months
13. How many days per week does your child attend this centre/preschool? _____ Number per week
14. Is your child attending another childcare or preschool? Yes ₁ No ₂
15. How many hours IN TOTAL does your child spend being looked after by someone other than you (or your partner) each week? _____ Number per week

Section 2 – PIEC Program

This section asks about the Partnerships in Early Childcare Program (PIEC) operating in your centre

1. Have you received information or support from the PIEC/child and family worker in any of these areas? (mark all that apply)

	Yes	No
Help you in parenting your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you learn about your child's learning and development?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Teach you skills about how to play with and teach your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Support and respect your family's culture?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you to find support by talking with other parents?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help to improve your child's development or behaviour?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you in your relationship with your partner?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you to feel good about yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tell you about other services to help your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tell you about other services to help your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Provide an opportunity for you to meet other parents?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify:.....)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Section 3 – Service Use

This section asks about access to a range of services.

1. In the last 12 months, have you used any of these services for your child, yourself or other members of your household? (mark all that apply)

Playgroup or parent-child group	<input type="checkbox"/> ₁
Parenting education courses or programs	<input type="checkbox"/> ₂
Parent support groups, Parent Line	<input type="checkbox"/> ₃
Maternal & child health nurse	<input type="checkbox"/> ₄
Hospital emergency ward	<input type="checkbox"/> ₅
Hospital outpatients clinic	<input type="checkbox"/> ₆
GP services	<input type="checkbox"/> ₇
Adult mental health services	<input type="checkbox"/> ₈
Migrant or ethnic resources services	<input type="checkbox"/> ₉
Speech therapy	<input type="checkbox"/> ₁₀
Dental services	<input type="checkbox"/> ₁₁
Paediatrician	<input type="checkbox"/> ₁₂
Other medical specialists	<input type="checkbox"/> ₁₃
Other medical services	<input type="checkbox"/> ₁₄
Disability services	<input type="checkbox"/> ₁₅
Church or religious groups	<input type="checkbox"/> ₁₆
Drug or alcohol services	<input type="checkbox"/> ₁₇
Counselling services	<input type="checkbox"/> ₁₈
Other psychiatric or behavioural services (e.g. a psychologist or social worker)	<input type="checkbox"/> ₁₉
Housing services	<input type="checkbox"/> ₂₀
Charities (e.g. Salvation Army)	<input type="checkbox"/> ₂₁
Other child or family support services: (please specify:.....).	<input type="checkbox"/> ₂₂

2. In the last 12 months, have there been any of the services listed in the previous question that your child, yourself or other members of your household have needed but could not get? Yes No
1 2

3. Why couldn't you get the service(s) that you needed? (mark all that apply)

- Too expensive 1
- Too far away 2
- Transport problems 3
- Had to wait too long for appointment 4
- Hours available or operating hours 5
- Own poor health 6
- Child care difficulties 7
- Cultural or language reasons 8
- Services not available 9
- Other reasons: 10

Section 4 – Community Links

This section asks about support networks and links with the community and the neighbourhood.

1. How often do you see, talk to or email the following people?

- | | no contact | rarely | a few times a year | at least every month | at least every week | every day | don't have |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Your parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b) Your partner's parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c) Other family members | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d) Friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| e) Neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

2. How often does your child see or spend time with the following people?

- | | no contact | rarely | a few times a year | at least every month | at least every week | every day | don't have |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Your parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b) Your partner's parents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c) Other family members | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d) Your friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| e) Your neighbours | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| f) Other young children (outside of child care or school) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

3. How often do you feel that you need support or help but can't get it from anyone? Very often Often Sometimes Never
1 2 3 4

4. How do you feel about your neighbourhood as a place to bring up children? Very good Good Fair Poor
1 2 3 4

5. Do you participate in any ongoing community service activity (e.g. volunteering at school, coaching a sports team, or working with a church or neighbourhood association)? Yes No
1 2

6. Would you currently like to move away from your neighbourhood? Yes No
1 2

7. To what extent do you agree or disagree with these statements about your neighbourhood?

In rural / remote areas, "neighbourhood" means your local area. In city / urban areas, "neighbourhood" means your suburb within 1 or 2 km from your home

	strongly agree	agree	disagree	strongly disagree	don't know/ not applicable
a) This is a safe neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) This is a clean neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) There are good parks, playgrounds and play spaces in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) There is access to close, affordable, regular public transport in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) There is access to basic shopping facilities in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) There is access to basic services such as banks, medical clinics etc. in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) It is safe for children to play outside during the day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) People around here are willing to help their neighbours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) If I need information about services in the community I know where to find that information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section 5 – Parenting

This section is about being a parent. There are no right or wrong answers, we are just asking about parents' views on child-rearing

If you have more than one child, please answer these questions for the same child that you chose when filling in the first section.

1. Thinking about your child over the last six months, how often did you...

	Never or almost never	Rarely	Sometimes	Often	Always or almost always
a) hug or hold your child for no particular reason?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) talk it over and reason with your child when he/she misbehaved?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) tell your child how happy he/she makes you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) give your child reasons why rules should be obeyed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) explain to your child why he/she was being corrected?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) have warm, close times together with your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) enjoy listening to your child and doing things with him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) feel close to your child, both when he/she was happy and when he/she was upset?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) express affection by hugging, kissing and holding your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Overall as a parent, do you feel you are... (Tick one box only)

a very good parent?	<input type="checkbox"/> ₁
a better than average parent?	<input type="checkbox"/> ₂
an average parent?	<input type="checkbox"/> ₃
a person who has some trouble at being a parent?	<input type="checkbox"/> ₄
not very good at being a parent?	<input type="checkbox"/> ₅

This section asks questions about the child - parent relationship

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item (circle one only)...

	Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
1. I share an affectionate, warm relationship with my child.	1	2	3	4	5
2. My child and I always seem to be struggling with each other.	1	2	3	4	5
3. If upset, my child will seek comfort from me.	1	2	3	4	5
4. My child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5. My child values his/her relationship with me.	1	2	3	4	5
6. My child appears hurt or embarrassed when I correct him/her.	1	2	3	4	5
7. My child does not want to accept help when he/she needs it.	1	2	3	4	5
8. When I praise my child, he/she beams with pride.	1	2	3	4	5
9. My child reacts strongly to separation from me.	1	2	3	4	5
10. My child spontaneously shares information about himself/herself.	1	2	3	4	5
11. My child is overly dependent on me.	1	2	3	4	5
12. My child easily becomes angry at me.	1	2	3	4	5
13. My child tries to please me.	1	2	3	4	5
14. My child feels that I treat him/her unfairly.	1	2	3	4	5
15. My child asks for my help when he/she really does not need help.	1	2	3	4	5
16. It is easy to be in tune with what my child is feeling.	1	2	3	4	5
17. My child sees me as a source of punishment and criticism.	1	2	3	4	5
18. My child expresses hurt or jealousy when I spend time with other children.	1	2	3	4	5
19. My child remains angry or is resistant after being disciplined.	1	2	3	4	5
20. When my child is misbehaving, he/she responds to my look or tone of voice.	1	2	3	4	5
21. Dealing with my child drains my energy.	1	2	3	4	5
22. I've noticed my child copying my behaviour or ways of doing things.	1	2	3	4	5
23. When my child is in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
24. My child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
25. Despite my best efforts, I'm uncomfortable with how my child and I get along.	1	2	3	4	5
26. I often think of my child when I'm not with him/her.	1	2	3	4	5
27. My child whines or cries when he/she wants something from me.	1	2	3	4	5
28. My child is sneaky or manipulative with me.	1	2	3	4	5
29. My child openly shares his/her feelings and experiences with me.	1	2	3	4	5
30. My interactions with my child make me feel effective and confident as a parent	1	2	3	4	5

Pianta Child-Parent Relationship Scale. Copyright © Robert C. Pianta, 1992 University of Virginia

Section 7 – Feelings and Behaviour

This section contains questions about your child's feelings and behaviour

Instructions: This rating form contains statements about 12 – to 36 – month-old children. Many statements describe normal feelings and behaviours, and other statements describe feelings and behaviours that may be problems. Please do your best to answer every item.

Please circle the ONE response that best describes your child's behaviour in the LAST MONTH

	Not true/ rarely	Somewhat true/ sometimes	Very true/ often
1. Shows pleasure when he or she succeeds (for example, claps for self).	0	1	2
2. Gets hurt so often that you can't take your eyes off him or her.	0	1	2
3. Seems nervous, tense, or fearful.	0	1	2
4. Is restless and can't sit still.	0	1	2
5. Follows rules.	0	1	2
6. Wakes up at night and needs help to fall asleep again.	0	1	2
7. Cries or has a tantrum until he or she is exhausted.	0	1	2
8. Is afraid of certain places, animals, or things. <i>What is he or she afraid of?</i>	0	1	2
<div style="border: 1px solid black; height: 20px; width: 300px; margin: 0 auto;"></div>			
9. Has less fun than other children.	0	1	2
10. Looks for you (or other parent) when upset.	0	1	2
11. Cries or hangs onto to you when you try to leave.	0	1	2
12. Worries a lot or is very serious.	0	1	2
13. Looks right at you when you say his or her name.	0	1	2
14. Does not react when hurt.	0	1	2
15. Is affectionate with loved ones.	0	1	2
16. Won't touch some objects because of how they feel.	0	1	2
17. Has trouble falling asleep or staying asleep.	0	1	2
18. Runs away in public places.	0	1	2
19. Plays well with other children (not including brother/sister). (N: No contact with other children)	0	1	2
20. Can pay attention for a long time (not including TV).	0	1	2
21. Has trouble adjusting to changes.	0	1	2
22. Tries to help when someone is hurt (for example, gives a toy).	0	1	2
23. Often gets very upset.	0	1	2

Continued on next page

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For each question, please circle the ONE response that best describes your child's behaviour in the LAST MONTH

	Not true/ rarely	Somewhat true/ sometimes	Very true/ often
24. Gags or chokes on food.	0	1	2
25. Imitates playful sounds when you ask him or her to.	0	1	2
26. Refuses to eat.	0	1	2
27. Hits, shoves, kicks, or bites children (not including brother/sister). (N: No contact with other children)	0	1	2
28. Is destructive. Breaks or ruins things on purpose.	0	1	2
29. Points to show you something far away.	0	1	2
30. Hits, bites, or kicks you (or other parent).	0	1	2
31. Hugs or feeds dolls or stuffed animals.	0	1	2
32. Seems very unhappy, sad, depressed, or withdrawn.	0	1	2
33. Purposefully tries to hurt you (or other parent).	0	1	2
34. When upset, gets very still, freezes, or doesn't move.	0	1	2

N

The following questions are about feelings and behaviours that can be problems for young children. Some of the questions may be a bit hard to understand especially if you have not seen the behaviour in a child. Please do your best to answer them anyway.

35. Puts things in a special order over and over.	0	1	2
36. Repeats the same action or phrase over and over. <i>Please give an example below.</i> <input type="text"/>	0	1	2
37. Repeats a particular movement over and over (like rocking, spinning). <i>Please give an example below.</i> <input type="text"/>	0	1	2
38. Spaces out. Is totally unaware of what is happening around him or her.	0	1	2
39. Does not make eye contact.	0	1	2
40. Avoids physical contact.	0	1	2
41. Eats or drinks things that are not edible (like paper or paint). <i>Please describe below.</i> <input type="text"/>	0	1	2
42. Hurts himself or herself on purpose (for example, bangs his or her head). <i>Please describe below.</i> <input type="text"/>	0	1	2

A. How worried are you about your child's behaviour, emotions, or relationships?	1	Not at all worried
	2	A little worried
	3	Worried
	4	Very worried
B. How worried are you about your child's language development?	1	Not at all worried
	2	A little worried
	3	Worried
	4	Very worried

Thank you for completing the questionnaire



**Partnerships in Early Childhood Evaluation
Questionnaire for Parents of Children aged 3-4 yrs
Outcomes Evaluation**

Dear Parent,

Your centre is currently involved in the Partnerships in Early Childhood (PIEC) project that is funded by the Australian Government under the Stronger Families and Communities Strategy, Invest to Grow. The Social Policy Research Centre (SPRC) has been commissioned to evaluate the Benevolent Society's PIEC project. The aim of the evaluation is to see how well PIEC has achieved its goals.

The purpose of this questionnaire is to find out whether and how the PIEC helps children, families and staff involved in the project.

Parents will be asked to complete the questionnaire twice a year. It will take approximately 15 minutes to complete.

Participation in the questionnaire is voluntary. You are free at any time to refuse to answer particular questions or stop being part of the research. All the information you give will be treated as confidential, except as required by law. If you have any concerns or complaints at any time about the research, you can contact the Ethics Secretariat at the University of New South Wales by writing or ringing 9385 4234, quoting this reference number: HREC 05135.

If you have any queries about the evaluation please call Cathy Thomson on (02) 9385 7827 or kylie valentine on (02) 9385 7825.

Thank you very much for completing this questionnaire.

Please complete this information before filling in the questionnaire.

First Name _____
Child First Name _____
Name of Centre _____
Today's Date _____

Office Use Only
Parent Code _____
Child Code _____
Centre Code _____
Survey No. (T1, T2 etc.) _____

Section 1 – Demographics

This section contains questions about you and your child. If you have more than one child attending the centre please answer for one. This only has to be completed once.

About you

1. What is your age? _____ Years
2. In which country were you born?

Australia	<input type="checkbox"/> ₁
+	<input type="checkbox"/> ₂
3. Do you speak a language other than English at home?

No	<input type="checkbox"/> ₁
Yes (please specify language).....	<input type="checkbox"/> ₂
4. Are you of Aboriginal or Torres Strait Islander origin? Yes ₁ No ₂
5. What is the highest level of education that you have completed? (mark one only)

A university degree	<input type="checkbox"/> ₁
A diploma at TAFE or college	<input type="checkbox"/> ₂
A vocational certificate	<input type="checkbox"/> ₃
School year 12 or equivalent	<input type="checkbox"/> ₄
School year 10 or equivalent	<input type="checkbox"/> ₅
None of the above	<input type="checkbox"/> ₆
6. Which of the following best describes your current status? (tick all that apply)

In full-time paid work	<input type="checkbox"/> ₁
In part-time paid work	<input type="checkbox"/> ₂
On leave from paid work (includes maternity leave, sickness, etc.)	<input type="checkbox"/> ₃
Working without pay in a family business	<input type="checkbox"/> ₄
Unemployed and looking for work	<input type="checkbox"/> ₅
Full-time parent	<input type="checkbox"/> ₆
Retired	<input type="checkbox"/> ₇
Studying	<input type="checkbox"/> ₈
Other (please specify).....	<input type="checkbox"/> ₉
7. What is your household's main source of income? (mark one only)

Wages or salary earned by you or your partner	<input type="checkbox"/> ₁
Profit or loss from own unincorporated business or share in partnership	<input type="checkbox"/> ₂
Any government benefit, pension or allowance	<input type="checkbox"/> ₃
Any other regular source (please describe).....	<input type="checkbox"/> ₄

About your child

8. Is your child male or female? Male ₁ Female ₂
9. What is your child's current age? _____ years _____ months
10. Are you this child's Mother ₁ Father ₂
Grandparent ₃ Other (specify.....) ₄
11. How long has your child attended the centre/preschool? _____ years _____ months
12. How many days per week does your child attend this centre/preschool? _____ Number per week
13. Is your child attending another childcare or preschool? Yes ₁ No ₂
14. How many hours IN TOTAL does your child spend being looked after by someone other than you (or your partner) each week? _____ Number per week

Section 2 – PIEC Program

This section asks about the Partnerships in Early Childcare Program (PIEC) operating in your centre

1. Have you received information or support from the PIEC/child and family worker in any of these areas? (mark all that apply)

	Yes	No
Help you in parenting your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you learn about your child's learning and development?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Teach you skills about how to play with and teach your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Support and respect your family's culture?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you to find support by talking with other parents?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help to improve your child's development or behaviour?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you in your relationship with your partner?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Help you to feel good about yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tell you about other services to help your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Tell you about other services to help your family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Provide an opportunity for you to meet other parents?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify).....)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Section 3 – Service Use

This section asks about access to a range of services.

1. In the last 12 months, have you used any of these services for your child, yourself or other members of your household? (mark all that apply)

Playgroup or parent-child group	<input type="checkbox"/> ₁
Parenting education courses or programs	<input type="checkbox"/> ₂
Parent support groups, Parent Line	<input type="checkbox"/> ₃
Maternal & child health nurse	<input type="checkbox"/> ₄
Hospital emergency ward	<input type="checkbox"/> ₅
Hospital outpatients clinic	<input type="checkbox"/> ₆
GP services	<input type="checkbox"/> ₇
Adult mental health services	<input type="checkbox"/> ₈
Migrant or ethnic resources services	<input type="checkbox"/> ₉
Speech therapy	<input type="checkbox"/> ₁₀
Dental services	<input type="checkbox"/> ₁₁
Paediatrician	<input type="checkbox"/> ₁₂
Other medical specialists	<input type="checkbox"/> ₁₃
Other medical services	<input type="checkbox"/> ₁₄
Disability services	<input type="checkbox"/> ₁₅
Church or religious groups	<input type="checkbox"/> ₁₆
Drug or alcohol services	<input type="checkbox"/> ₁₇
Counselling services	<input type="checkbox"/> ₁₈
Other psychiatric or behavioural services (e.g. a psychologist or social worker)	<input type="checkbox"/> ₁₉
Housing services	<input type="checkbox"/> ₂₀
Charities (e.g. Salvation Army)	<input type="checkbox"/> ₂₁
Other child or family support services: (please specify).....)	<input type="checkbox"/> ₂₂

2. In the last 12 months, have there been any of the services listed in the previous question that your child, yourself or other members of your household have needed but could not get? Yes No
1 2

3. Why couldn't you get the service(s) that you needed? (mark all that apply)

Too expensive	<input type="checkbox"/> 1
Too far away	<input type="checkbox"/> 2
Transport problems	<input type="checkbox"/> 3
Had to wait too long for appointment	<input type="checkbox"/> 4
Hours available or operating hours	<input type="checkbox"/> 5
Own poor health	<input type="checkbox"/> 6
Child care difficulties	<input type="checkbox"/> 7
Cultural or language reasons	<input type="checkbox"/> 8
Services not available	<input type="checkbox"/> 9
Other reasons: (please specify.....)	<input type="checkbox"/> 10

Section 4 – Community Links

This section asks about support networks and links with the community and the neighbourhood.

1. How often do you see, talk to or email the following people?

	no contact	rarely	a few times a year	at least every month	at least every week	every day	don't have
a) Your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Your partner's parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) Other family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

2. How often does your child see or spend time with the following people?

	no contact	rarely	a few times a year	at least every month	at least every week	every day	don't have
a) Your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Your partner's parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) Other family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f) Other young children (outside of child care or school)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

3. How often do you feel that you need support or help but can't get it from anyone? Very often Often Sometimes Never
1 2 3 4

4. How do you feel about your neighbourhood as a place to bring up children? Very good Good Fair Poor
1 2 3 4

5. Do you participate in any ongoing community service activity (e.g. volunteering at school, coaching a sports team, or working with a church or neighbourhood association)? Yes No
1 2

6. Would you currently like to move away from your neighbourhood? Yes No
1 2

7. To what extent do you agree or disagree with these statements about your neighbourhood?

In rural / remote areas, "neighbourhood" means your local area. In city / urban areas, "neighbourhood" means your suburb within 1 or 2 km from your home

	strongly agree	agree	disagree	strongly disagree	don't know/ not applicable
a) This is a safe neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) This is a clean neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) There are good parks, playgrounds and play spaces in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) There is access to close, affordable, regular public transport in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) There is access to basic shopping facilities in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) There is access to basic services such as banks, medical clinics etc. in this neighbourhood.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) It is safe for children to play outside during the day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) People around here are willing to help their neighbours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) If I need information about services in the community I know where to find that information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section 5 – Parenting

This section is about being a parent. There are no right or wrong answers, we are just asking about parents' views on child-rearing

If you have more than one child, please answer these questions for the same child that you chose when filling in the first section.

1. Thinking about your child over the last six months, how often did you...

	Never or almost never	Rarely	Sometimes	Often	Always or almost always
a) hug or hold your child for no particular reason?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) talk it over and reason with your child when he/she misbehaved?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) tell your child how happy he/she makes you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) give your child reasons why rules should be obeyed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) explain to your child why he/she was being corrected?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) have warm, close times together with your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) enjoy listening to your child and doing things with him/her?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) feel close to your child, both when he/she was happy and when he/she was upset?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) express affection by hugging, kissing and holding your child?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Overall as a parent, do you feel you are... (Tick one box only)

a very good parent?	<input type="checkbox"/> ₁
a better than average parent?	<input type="checkbox"/> ₂
an average parent?	<input type="checkbox"/> ₃
a person who has some trouble at being a parent?	<input type="checkbox"/> ₄
not very good at being a parent?	<input type="checkbox"/> ₅

Section 6 - Relationships

This section asks questions about the child - parent relationship

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item (circle one only)...

	Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
1. I share an affectionate, warm relationship with my child.	1	2	3	4	5
2. My child and I always seem to be struggling with each other.	1	2	3	4	5
3. If upset, my child will seek comfort from me.	1	2	3	4	5
4. My child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5. My child values his/her relationship with me.	1	2	3	4	5
6. My child appears hurt or embarrassed when I correct him/her.	1	2	3	4	5
7. My child does not want to accept help when he/she needs it.	1	2	3	4	5
8. When I praise my child, he/she beams with pride.	1	2	3	4	5
9. My child reacts strongly to separation from me.	1	2	3	4	5
10. My child spontaneously shares information about himself/herself.	1	2	3	4	5
11. My child is overly dependent on me.	1	2	3	4	5
12. My child easily becomes angry at me.	1	2	3	4	5
13. My child tries to please me.	1	2	3	4	5
14. My child feels that I treat him/her unfairly.	1	2	3	4	5
15. My child asks for my help when he/she really does not need help.	1	2	3	4	5
16. It is easy to be in tune with what my child is feeling.	1	2	3	4	5
17. My child sees me as a source of punishment and criticism.	1	2	3	4	5
18. My child expresses hurt or jealousy when I spend time with other children.	1	2	3	4	5
19. My child remains angry or is resistant after being disciplined.	1	2	3	4	5
20. When my child is misbehaving, he/she responds to my look or tone of voice.	1	2	3	4	5
21. Dealing with my child drains my energy.	1	2	3	4	5
22. I've noticed my child copying my behaviour or ways of doing things.	1	2	3	4	5
23. When my child is in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
24. My child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
25. Despite my best efforts, I'm uncomfortable with how my child and I get along.	1	2	3	4	5
26. I often think of my child when I'm not with him/her.	1	2	3	4	5
27. My child whines or cries when he/she wants something from me.	1	2	3	4	5
28. My child is sneaky or manipulative with me.	1	2	3	4	5
29. My child openly shares his/her feelings and experiences with me.	1	2	3	4	5
30. My interactions with my child make me feel effective and confident as a parent	1	2	3	4	5

Pianta Child-Parent Relationship Scale, Copyright © Robert C. Pianta, 1992 University of Virginia

Strengths and Difficulties Questionnaire

P 3/4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side



Partnerships in Early Childhood Evaluation
Questionnaire for Staff of Children under 3 yrs
Outcomes Evaluation

Dear Staff,

Your centre is currently involved in the Partnerships in Early Childhood (PIEC) program that is funded by the Australian Government under the Stronger Families and Communities Strategy, Invest to Grow. The Social Policy Research Centre (SPRC) has been commissioned to evaluate the Benevolent Society's PIEC project. The aim of the evaluation is to see how well PIEC has achieved its goals.

The purpose of this questionnaire is to find out whether and how the PIEC program helps children, families and staff involved in the project. We are **not** looking at results for individual children or families. We are looking for group changes over time for the families involved in the study.

It will take approximately 10 minutes to complete. The staff member who knows the child best should complete the questionnaire.

Participation in the questionnaire is voluntary. You are free at any time to refuse to answer particular questions or stop being part of the research. All the information you give will be treated as confidential, except as required by law. If you have any concerns or complaints at any time about the research, you can contact the Ethics Secretariat at the University of New South Wales by writing or ringing 9385 4234, quoting this reference number: HREC 05135.

If you have any queries about the questionnaire or need help answering any of the questions, please call Cathy Thomson on (02) 9385 7827 or kylie valentine on (02) 9385 7825.

Thank you very much for completing this questionnaire.

Please complete this information before filling in the questionnaire.

Staff First Name _____

Child First Name _____

Name of Centre _____

Date _____

This is the second of 2 surveys for this year. Did you complete a survey for this child earlier in the year? (please circle one)

Yes

Office Use Only

Worker Code _____

Child Code _____

Centre Code _____

Survey No. (T1, T2 etc.) T2

Section 1– Child Details

This section contains questions about the child for whom you are completing the survey

About the child for whom you are completing the questionnaire

- 1 Is the child male or female? Male ₁ Female ₂
- 2 What is the child's current age? _____ Age in years
- 3 How long has the child been in the room where you are based? _____ years _____ months
- 4 How many days per week does the child attend this preschool/childcare centre? _____ Days per week

Section 2 - Experience of Childcare/preschool

This section asks about the child's experience of childcare/preschool.

In the past **4 WEEKS**, thinking about the child's enjoyment of the preschool/child care centre, have you found that (**tick one box for each statement only**)

	This is never the case	This is seldom the case	This is sometimes the case	This is often the case	This is very often the case	This is always the case
This child enjoys attending the preschool/child care centre	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child doesn't feel at ease with some of the children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child is happy to see the professional caregiver(s) when he/she is dropped off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child trusts all the children at the preschool/child care centre	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child is sometimes reluctant to attend the preschool/child care centre.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child tends to avoid contacts with other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child has difficulty saying goodbye to the parent, he/she is distressed or inconsolable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child feels at ease with all the professional caregivers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child doesn't feel comfortable outside in the playground.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child doesn't feel at ease in the group.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child actively seeks the company of other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
This child really enjoys the games and play material at the preschool/child care centre.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Leiden Inventory (LICW-D) DeSchipper, Van Ijzendoorn, and Tavecchio, 1999

Section 3 – Relationships

This section asks questions about the child - teacher relationship

ease reflect on the degree to which each of the following statements currently applies to your relationship with this child. Using the scale below, circle the appropriate number for each item (circle one only)...

	Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
1. I share an affectionate, warm relationship with this child.	1	2	3	4	5
2. This child and I always seem to be struggling with each other.	1	2	3	4	5
3. If upset, this child will seek comfort from me.	1	2	3	4	5
4. This child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5. This child values his/her relationship with me.	1	2	3	4	5
6. This child appears hurt or embarrassed when I correct him/her.	1	2	3	4	5
7. This child does not want to accept help when he/she needs it.	1	2	3	4	5
8. When I praise this child, he/she beams with pride.	1	2	3	4	5
9. This child reacts strongly to separation from me.	1	2	3	4	5
10. This child spontaneously shares information about himself/herself.	1	2	3	4	5
11. This child is overly dependent on me.	1	2	3	4	5
12. This child easily becomes angry at me.	1	2	3	4	5
13. This child tries to please me.	1	2	3	4	5
14. This child feels that I treat him/her unfairly.	1	2	3	4	5
15. This child asks for my help when he/she really does not need help.	1	2	3	4	5
16. It is easy to be in tune with what this child is feeling.	1	2	3	4	5
17. This child sees me as a source of punishment and criticism.	1	2	3	4	5
18. This child expresses hurt or jealousy when I spend time with other children.	1	2	3	4	5
19. This child remains angry or is resistant after being disciplined.	1	2	3	4	5
20. When this child is misbehaving, he/she responds well to my look or tone of voice.	1	2	3	4	5
21. Dealing with this child drains my energy.	1	2	3	4	5
22. I've noticed this child copying my behaviour or ways of doing things.	1	2	3	4	5
23. When this child arrives in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
24. This child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
25. Despite my best efforts, I'm uncomfortable with how this child and I have gotten along.	1	2	3	4	5
26. I often think about this child when not at work.	1	2	3	4	5
27. This child whines or cries when he/she wants something from me.	1	2	3	4	5
28. This child is sneaky or manipulative with me.	1	2	3	4	5
29. This child openly shares his/her feelings and experiences with me.	1	2	3	4	5
30. My interactions with this child make me feel effective and confident.	1	2	3	4	5

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Section 4 – Feelings and Behaviour

This section contains questions about the child’s feelings and behaviour

Instructions: This rating form contains statements about 12 – to 36 – month-old children. Many statements describe normal feelings and behaviours, and other statements describe feelings and behaviours that may be problems. Please do your best to answer every item.

Please circle the ONE response that best describes this child’s behaviour in the LAST MONTH

	Not true/ rarely	Somewhat true/ sometimes	Very true/ often	
Shows pleasure when he or she succeeds (for example, claps for self).	0	1	2	
Gets hurt so often that you can’t take your eyes off him or her.	0	1	2	
Seems nervous, tense, or fearful.	0	1	2	
Is restless and can’t sit still.	0	1	2	
Follows rules.	0	1	2	
Wakes up during naptime and needs help to fall asleep again.	0	1	2	
Cries or has a tantrum until he or she is exhausted.	0	1	2	
Is afraid of certain places, animals, or things. <i>What is he or she afraid of?</i>	0	1	2	
<input style="width: 100%; height: 20px;" type="text"/>				
Has less fun than other children.	0	1	2	
Looks for child care provider when upset.	0	1	2	
Cries or hangs onto parent when he or she tries to leave.	0	1	2	
Worries a lot or is very serious.	0	1	2	
Looks right at you when you say his or her name.	0	1	2	
Does not react when hurt.	0	1	2	
Is affectionate with loved ones (at drop offs and pick ups).	0	1	2	
Won’t touch some objects because of how they feel.	0	1	2	
Has trouble falling asleep or staying asleep.	0	1	2	
Runs away in public places. (N: Never seen child in a public place)	0	1	2	N
19 Plays well with other children (not including brother/sister). (N: No contact with other children)	0	1	2	N
Can pay attention for a long time (not including TV).	0	1	2	
Has trouble adjusting to changes.	0	1	2	
Tries to help when someone is hurt (for example, gives a toy).	0	1	2	
Often gets very upset.	0	1	2	

Continued on next page

Brief Infant-Toddler Social Emotional Assessment. Copyright © 2002 by Yale University and University of Massachusetts. Reproduction with permission of publisher, Harcourt Assessment, Inc. All rights reserved.

For each question, please circle the ONE response that best describes this child's behaviour in the LAST MONTH

	Not true/ rarely	Somewhat true/ sometimes	Very true/ often	
Gags or chokes on food.	0	1	2	
Imitates playful sounds when you ask him or her to.	0	1	2	
Refuses to eat.	0	1	2	
4 Hits, shoves, kicks, or bites children (not including brother/sister). (N: No contact with other children)	0	1	2	N
Is destructive. Breaks or ruins things on purpose.	0	1	2	
Points to show you something far away.	0	1	2	
Hits, bites, or kicks parents.	0	1	2	
Hugs or feeds dolls or stuffed animals.	0	1	2	
Seems very unhappy, sad, depressed, or withdrawn.	0	1	2	
10 Hurts other children on purpose. (N: No contact with other children)	0	1	2	N
When upset, gets very still, freezes, or doesn't move.	0	1	2	
The following questions are about feelings and behaviours that can be problems for young children. Some of the questions may be a bit hard to understand especially if you have not seen the behaviour in a child. Please do your best to answer them anyway.				
Puts things in a special order over and over.	0	1	2	
Repeats the same action or phrase over and over. <i>Please give an example below.</i>	0	1	2	
14 Repeats a particular movement over and over (like rocking, spinning). <i>Please give an example below.</i>	0	1	2	
Spaces out. Is totally unaware of what is happening around him or her.	0	1	2	
Does not make eye contact.	0	1	2	
Avoids physical contact.	0	1	2	
18 Eats or drinks things that are not edible (like paper or paint). <i>Please describe below.</i>	0	1	2	
19 Hurts himself or herself on purpose (for example, bangs his or her head). <i>Please describe below.</i>	0	1	2	
A. How worried are you about this child's behaviour, emotions, or relationships?	1	Not at all worried		
	2	A little worried		
	3	Worried		
	4	Very worried		
B. How worried are you about this child's language development?	1	Not at all worried		
	2	A little worried		
	3	Worried		
	4	Very worried		

Thank you for completing the questionnaire

Appendix B: Project Documentation

By Robyn Dolby

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Chapter 1: Outline of the Circle of Security program

Q: Why would the Circle of Security interest you as an early childhood professional?

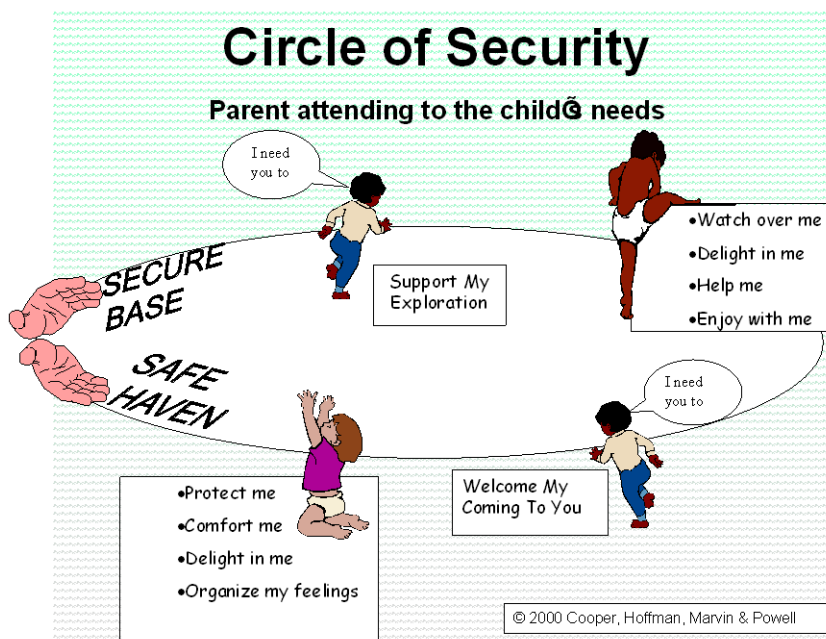
A: The Circle of Security is a way of thinking about children that enables you to look beyond their immediate behaviour and think about how to meet their relationship needs. This approach fits well with child care practice, where relationships are at the heart of working with young children - the relationships you make with the children, the way you support their relationships with peers and the partnerships you develop with their families.

Using the Circle of Security helps you observe the different ways that children approach you to seek support and make use of your help. It helps you understand children when their behaviour is causing distress to you and their peers, and plan how to meet their needs. The Circle of Security helps you to look beneath the children's behaviour problems to discover their genuine relationship needs.

Q: What is the Circle of Security program?

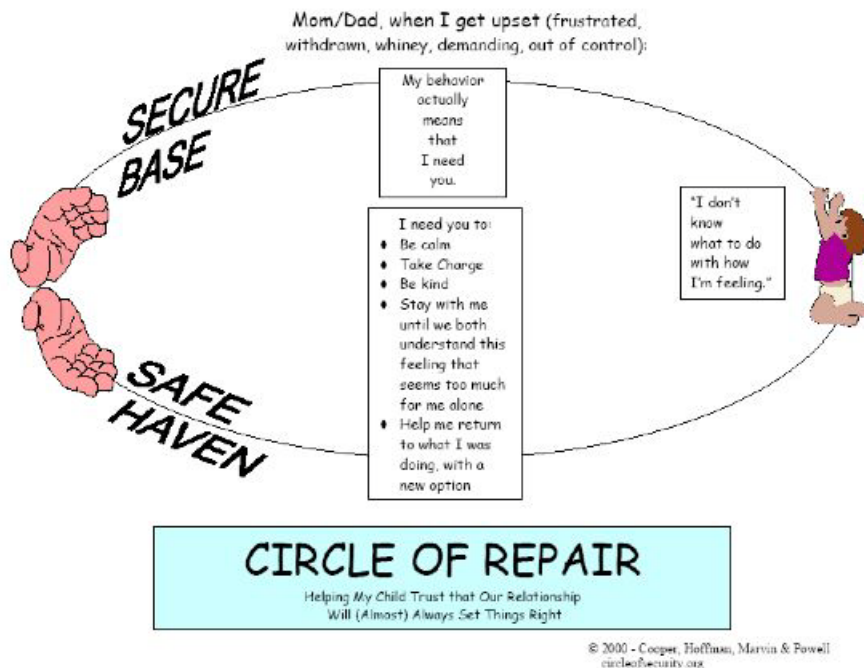
A: It is an early intervention program for parents and children that focuses on the relationships that give children emotional support. Central to the program is the Circle of Security map, which assists parents to follow their children's relationship needs and so know how to become more emotionally available to them. The map draws a very clear link between attachment and learning. This map is equally relevant to early childhood professionals, and can help them create secure opportunities for learning by meeting the child's relationship needs. The Circle applies to children of all ages.

The Circle of Security Map



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).

How do “the hands” translate to child care? A big question for children is “Can this person who is caring for me take charge? For example, can they comfort me and make me feel safe to play? Are they kind?”

Children are constantly travelling around the Circle of Security. They always need you, but this will not be expressed in a clingy or demanding way unless they are afraid that they will not be able to get the support they need. If you can welcome them and meet their need for reassurance when they are coming in on the attachment side (bottom of the Circle) this refuels them to go out to explore again (on the top of the Circle). This is how they learn to become independent.

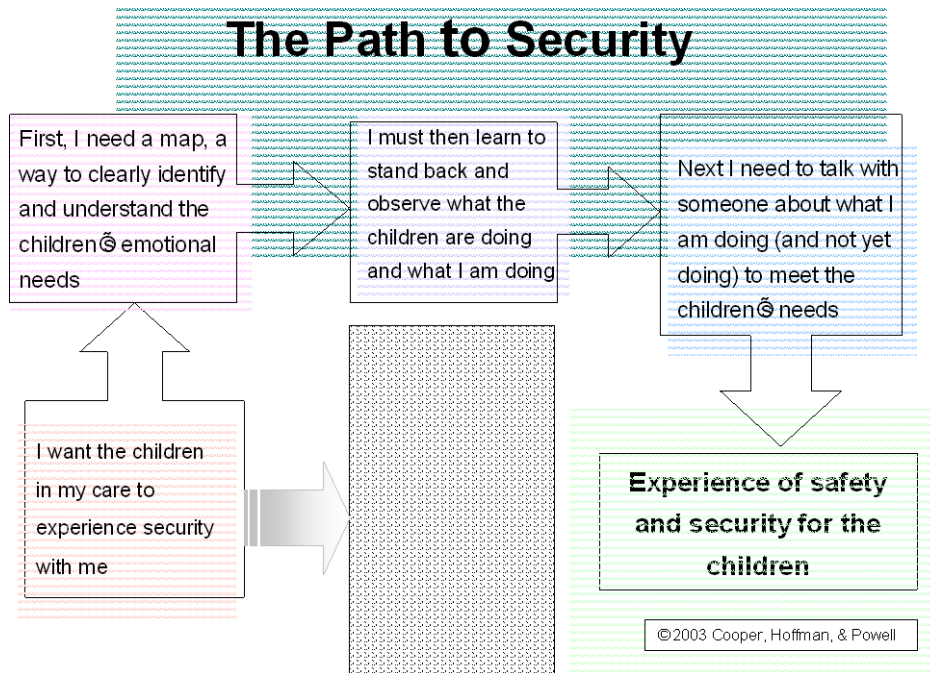
Example:

In this picture Marcus is concentrating on cutting out a picture of a moth with his preschool teacher. This is a clear example of “Watch over me” on the top (exploration) side of the Circle. This a time when the child is saying, “Be with me so I can do it by myself”.



Chapter 2: Putting the Circle map to work

How can you use the Circle of Security map in a practical way? The Path to Security diagram shows the steps involved in becoming emotionally available to children and where the map fits in to this.



The Circle of Security comes in at the start as a guide to understanding children’s emotional and relationship needs. It provides the basis for observing what the children are doing from a relationship perspective and for working out how you meet their needs. As the Path diagram suggests, this is best done in discussion with others. This conversation involves “Seeing and Guessing”: you say what you SEE the child do to connect with you and make a GUESS as to what need he or she is expressing, using the Circle as a guide. You can have these “Seeing and Guessing” conversations with your peers (as part of reflective practice), with parents (as part of having a reflective dialogue) and with the children themselves (as part of having empathic conversations with them).

“Seeing and Guessing” conversations are judgement free. The staff agree on what they *see* the child do and work out how they can make themselves more available to meet the child’s needs. This is very different from trying to “shape” children’s overt behaviour. You start by looking for the message beneath the children’s behaviour and then respond to it. This message is often “I am still learning (how not to hit, not to bite, how to make friends) and I need your help as an older, stronger, wiser person”.

This “Seeing and Guessing” can be done in many ways. Where video is available, this is ideal for watching the interactions together. For example, in the Circle of Security intervention program, parents meet together in a small group to use video film clips of themselves and their child to “see and guess” their children’s needs, with the support of a therapist. In the Attachment Matters Project - from relationships to learning at preschool” (Dolby, Swan, Croll, 2003), staff and a mentor review video clips of their

interactions with the children to identify opportunities for relationship support for the children.

Example: seeing and guessing with children

Ellie approached her carer (Kate) saying she had a sore throat. Kate had just noticed that Ellie was looking distressed: another child had pulled off her hat down at the swings. At other times Ellie had shown Kate her “sore” finger (that isn’t hurt) as a way of making a connection. Kate expressed concern about Ellie’s sore throat and asked if she would like a drink. She also said,

“I’m glad you asked me for help. You know you can come to me whenever you want, like when you are feeling sad. I am always happy to help you”.

Sometimes there is the opportunity to say something extra. Kate might have made a more direct guess about Ellie’s need. After addressing her physical hurt, she might have said,

“I’m also wondering if you are feeling a little bit sad. I saw Jackie pull at your hat and you looked upset. (Leave time/ space for the child to talk). For example if Ellie said: “Jackie doesn’t want to play with me”. Katie might say, “Ahh, that would be a reason to feel sad. You can sit here with me for a bit or we can go back to the swings together”.

It can be very hard to say these things and still sound natural. Although it might feel a bit awkward at first talking like this to young children, it can be very effective for helping them feel understood.

Q: Why is it important to have this kind of conversation with children? Why is it important to find words to describe what is happening in the relationship as it happens and to make a guess as to what the child needs from you?

A: It is helpful for children to hear it, because it makes them feel seen. “You really get it, you understand me. Therefore you are someone I can trust to help me. I can listen to what you say and cooperate. I can rely on you – I know you can comfort me which then refuels me to go back to play and return to my learning”. It also reminds us to look beyond the child’s immediate behaviour and be aware of processes of relating.

Chapter 3: Using the Circle Map at the start of the child care day to create good emotional links with children and parents

The start of the child care day provides a good opportunity for relationship support to the children. Leave-takings are a separation from parents and a *reunion* with staff. Behaviour problems often occur when children are struggling to connect with adults or peers. A successful reunion with staff at arrival can give the child a strong foundation for connecting with staff and peers for the rest of the day.

The first step in giving support is to *come together*. Primary caregiving and the use of “pods” (where the teacher or early childhood professional is responsible for specific children) are good ways of bringing children and parents into relationship with you when they first arrive.

Another way is to have “play spaces” to make the children’s reunion with staff very predictable at the start of the child care day (Dolby, Swan & Croll, 2003; PIEC, 2007). In play spaces, the staff get ready before the children arrive. They sit down at the children’s level, always in the same place so that the children can easily find them, and parents don’t arrive to an empty space. Each staff member sets up an activity that they can share with the children. They then wait for the children and parents to come to them, observing how each child approaches and trying to make their welcome ‘just right’. This means being *still on the outside* (eg, not moving around and setting up equipment) and being *still on the inside* (getting to a calm place inside yourself so you have the room, or mental space to be welcoming).

What the staff are doing can best be described as “active waiting” (Aarts, 2000) because while they are waiting they pick up information on how each child is starting the day (where they are on the Circle, what they need) and how they can begin to relate to them. The step-by-step observations they make include noticing how each child first approaches them, how often they do this and under what circumstances, and how they return to play after this contact.

A typical greeting might go like this, when a parent and child come to one of the staff in their play space.

To parent: Good morning. Thank you for bringing Sally to preschool today, it is always good to see her.

To Sally: “I am glad you are here. We have some good things to do today. If you need anything let me know because I am here to keep you safe and to help you to enjoy yourself”.

This greeting conveys to the child that you know that the drop-off is both a separation from parents **and a reunion** with you. When you use these or similar words to greet Sally, you are essentially describing how you will care for her using both “hands” on the Circle of Security (as a secure base and a safe haven).

Not all greetings will be as straightforward as this. And there are challenging aspects to operating a play space. The staff have to trust that the children will want to come to them, and need to remain emotionally open to make the children feel welcome. It helps to have a child and family worker (this can be a psychologist, social worker or early childhood professional) to support the staff in learning this new way of working (Dolby, Croll & Swan, 2003; PIEC, 2007). This person has her own play space so that she gets to know the children and is available “on the ground” to talk with staff about their observations and the feelings that the children arouse in them. These conversations are guided by the practice of “Seeing and Guessing” (see Chapter 2).

Chapter 4: How the Circle of Security map helps you plan for individual children

By the time the children are starting to widen their social circle, they will have developed their own version of the Circle of Security roadmap for how relationships work. Their map comes from their experiences of growing up in their own families. The way that they arrive at child care will indicate the kind of support that they expect from you based on these experiences. One child may walk in hand-in-hand with her mother and come straight up to you. Another may run ahead to an activity, looking more independent of you and her parent. This child may expect you not to be comfortable with closeness and so act as if she wants to explore rather than ask directly for support in managing the separation from her parent. During the day, you notice that she seeks you out for practical help but does not seek comfort from you when she is distressed. Another child may cling to his dad and not be ready to accept your welcome, perhaps because he is not expecting that you will be able to help him feel safe enough to explore. He may cling to you during the day. While this may not tally with your view of things, it is how the child sees it. Their personal roadmap tells them what they can expect, and how they should behave in new environments.

The Circle of Security map is very useful when children are unsure about asking for the help they need on either side of the Circle (attachment or exploration). The map can help parents and early childhood staff not to react directly to the child's presenting behaviour, but to try to work out what they really need and then respond to this. When children's behaviour distracts you from their real needs this is called using "miscues". They distract you because they anticipate that you will be uncomfortable about meeting their genuine need. Miscues are thought to arise from early experiences where children have learnt that caregivers are not comfortable meeting some of their needs.

When children miscue, the Circle of Security helps you to organise your thinking to support them at several levels:

1. It gives you a picture of what individual children expect from you: for example children who anticipate that the important adults in their world enjoy playing with them but are not comfortable with their distress may be inclined to hide their feelings and ask for functional help when they are distressed. A sensitive response to such a child would involve highlighting your willingness to provide comfort and welcoming closeness, even though the child is not openly asking for it.
2. It gives you a picture for what side of the Circle is the "growing edge" for the child, and so where you most need to provide support.
3. It helps you to have empathic conversations with the children, where you describe for them what is happening in the relationship at that moment and guess what support the child needs from you ("Seeing and Guessing").
4. It helps you to talk with parents, helping them see what their child is doing and guess what support their child needs on the Circle.

Example

Seeing what Lucy does:

Lucy appears very independent. Her carer, Julie, has noticed that Lucy “looks after herself” much of the day. She seeks out Julie for practical help, is rarely upset and does not seek comfort when she is distressed.

When Lucy arrives at child care, she runs ahead of her mother into her room. She goes to the craft table and picks up another child’s play dough without looking at her. She calls over to Julie that she wants to cut out pictures of “horses”. Julie comes over and together they look for some magazines with horses. Julie suggests that Lucy sit at the table beside her to cut out the pictures. Lucy focuses on cutting without looking up at Julie or her mother. She is too “busy” to kiss her mum goodbye. However, as her mother leaves Lucy glances at the door. She sings a little song to herself, rocks her body and tips her head from side to side. She stops cutting out the pictures and instead uses the scissors to cut into the pencil basket on her table. When another child comes in to claim Julie’s attention, Lucy moves closer and quickly puts her arm around Julie, taking a sudden interest in the page they are looking at together. She directs Julie’s attention to what she sees.

Guessing what Lucy needs:

Often children are sad at separation. We can guess that Lucy needs help with the transition (on the bottom side of the Circle) but perhaps thinks it will make the adults uncomfortable if she asks for comfort. Instead of asking directly for support she acts as if she wants to explore. While she is without the reassurance she needs, she does not attend to relationships with peers (like when she intrudes upon then leaves the child at the craft table). Singing to herself when her mother leaves is a form of self-comforting, and cutting into the basket may be her indirect way of asking Julie for help. When the other child comes over to the craft table while she is with Julie, we can guess that Lucy thinks she will lose contact with Julie. She comes in closer, under the guise of “looking closely” for pictures of the horses to cut out.

Planning Support

What Lucy Manages	What She Still Needs to Learn from You
<p>Lucy is more comfortable on the top-side of the Circle – seeking help from staff for practical things like finding the craft materials</p> <p>She hides her needs on the bottom of the Circle, and doesn't ask directly for comfort or reassurance</p> <p><i>(Illustrate: Lucy receives "Green light" to come in by the look on your face and attractive tones)</i></p>	<p>How to address her attachment needs in a more direct way. You can challenge Lucy's expectations: by showing that you are willing to comfort her and welcome her when she approaches: "I like to be with you".</p> <p>(1) Make the reunion at the start of the day very predictable. Use play spaces or primary caregiving so the children can find you easily, ready to welcome them. You might begin with a formal greeting.</p> <p><i>To parent: Good morning. Thank you for bringing Lucy to preschool today, it is always good to see her.</i></p> <p><i>To Lucy: "I'm glad you are here. I've been thinking about what we can do today and how I can help you. I'm here to keep you safe and to help you enjoy yourself. You can come back to me whenever you want to."</i></p> <p>(2) Whenever Lucy approaches you during the day, go to the attachment side of the Circle first.</p> <p><i>"I'm glad you are checking in. Have you come to say hullo or can I help you with something?"</i></p>
<p>Lucy is comfortable accessing her teacher's "hands" on the exploration side of the Circle. She under-emphasises her need for emotional closeness and comfort (her teacher's "hands" on the bottom of the Circle)</p>	<p>How to address the side of the Circle that is the "growing edge" for Lucy.</p> <p>When you are together, emphasise social exchange rather than specific tasks. Don't think about what you have to teach Lucy; go to her level and find her world. Follow her interest, find her focus of attention and respond in an inviting way.</p> <p><i>"I see you are cutting out all the grey ponies – and you have put them all together".</i></p> <p>Leave a space for Lucy to respond.</p>
<p>Lucy distracts Julie from what she needs when she arrives. She asks for help exploring, but her behaviour just after her mother leaves suggests that her real need is for emotional support.</p> <p>Lucy's singing is a form of self-comforting, and cutting into the basket may be her indirect way of asking Julie for help.</p>	<p>To rely on you for safety around separation. Use "Seeing and Guessing" to have empathic conversations</p> <p>To stop her cutting into the basket, Lucy needs to know that you can keep her safe.</p> <p><i>You might begin to reassure her with a guess about how she is feeling. "I am wondering if you are having a hard time. You can cut this paper, or if you just want to sit with me for a bit you can do that."</i></p> <p>Complete acknowledgment of how she feels might go like this: <i>"I see you are cutting the basket rather than using paper and it makes me wonder if you are having a hard time. I know that when I say goodbye to people that are important to me, it sometimes takes me a while before I can get on with my day. You can cut this paper, or if you just want to sit with me for a bit you can do that."</i></p> <p>The words you use in seeing and guessing may seem artificial but they will strike a chord with the child. If the guess (<i>"I am wondering if you are having a hard time"</i>) is accurate, over time, Lucy will begin to respond. If it is not accurate, no harm is done and Lucy can go on cutting the paper.</p>

<p>When Lucy is with Julie and another child comes in to play, she immediately draws closer to Julie, under the guise of expressing sudden interest in the pictures they have been looking at together.</p>	<p>To get support from you and at the same time relate to peers. Use “Seeing and Guessing” to have empathic conversations with Lucy to show how this is done.</p> <p>As part of learning to share with other children, you can reassure Lucy that you can remain in contact with her AND still include others. You might say,</p> <p><i>“I noticed that when Stella came over to join us you came a little bit closer, and I like it that you are close and I want you to know that there is plenty of room for you and Stella”.</i></p> <p>This is meeting Lucy’s need for reassurance and offering her a respectful model for including others.</p>
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Talking with Lucy’s parents: although Lucy is casual in the way she manages the separation from her mother at the start of the day, perhaps both Lucy and her mother are feeling a little sad. Her mother leaves without getting an acknowledgement from Lucy and Lucy covers up her sad feelings by appearing busy and managing on her own.

1. It is important to *respect the distance* that the parent and child need for saying goodbye. Rather than trying to bring them closer together, convey to the mother through your conversations: “I like being with your child”. The structure that gives children a predictable reunion with you will also ensure that parents are welcomed. Having a spare chair beside you is a way of inviting them to stay longer. Lucy will notice if her mother stays that little bit longer and takes an interest in what she is doing.
2. Avoid telling Lucy’s mother that Lucy has had a “good” day. Instead describe what you have noticed Lucy enjoying, or what you have enjoyed together. This engages the mother and conveys: “I am interested in your child, I like being with her” rather than evaluating her. When Lucy is three or four, you will be able to involve her in planning these evaluation free conversations. Earlier in the day, you can take time to sit down with her and consult – “what have you enjoyed today; what have we enjoyed doing together?” Make a little ceremony of writing down her ideas to discuss when her mother arrives. This will help to make Lucy’s reunion with her parents more predictable for her and will create an atmosphere of acceptance in which they can come together.
3. Once you feel that Lucy’s parents trust you, you can be more exploratory in your conversations – for example discussing the meaning of Lucy’s “casual” goodbyes in Circle terms. You may suggest that “keeping busy” may look OK but it is also a way for Lucy to keep her real feelings at bay. This helps the parents not to feel rejected. The message is that the children are finding it *hard to say goodbye* rather than not wanting to do so. You might also share your guess that when Lucy asks you for help to explore she is distracting you (and her mother) from her real need, which is for emotional support.

Chapter 5: The Circle of Security and reflective practice

As well as helping you reframe the children's behaviour, the Circle of Security helps you to look at your own feelings in a new way and to recognise how they contribute to the support that you give to the children.

Like the children, we each have our own personal map of the Circle of Security. Each of us will be more comfortable on one side of the Circle than the other. If your strength is on the top of the Circle you will be comfortable in supporting children to go out to explore, but may be less comfortable on the bottom (attachment) side of the Circle: you might worry about spoiling the children or making them too dependent on you, and these thoughts and feelings will affect your ability to comfort them. The children may then experience you as more judgmental when responding to their cues (or requests for support).

Alternatively, you may feel very comfortable providing reassurance and welcoming closeness, but find it difficult to let go. This will affect how you respond to the children when they want to explore. They may experience you as uncertain as to how to support them, or alternatively as becoming worried and too concerned with them being careful when they venture out.

Our personal roadmap is drawn from our own history: it starts with the way we were brought up within our families and is updated all through our lives through the experience of other important relationships in our life: our first child care teacher, our teacher at school, our partner. This roadmap is called our "state of mind with respect to attachment". It will affect our reflective practice – our ability to put ourselves in the children's shoes and our tolerances – especially, tolerances for negative feelings like distress and anger.

This state of mind operates like the soundtrack that creates the mood or emotion of a film. Everyone sees the same pictures, but each person has their own separate soundtrack that will affect how they interpret what they see, and in particular how they perceive children's intentions and feelings. In the Circle of Security program this is illustrated through a video clip set to two very different kinds of music.

The video clip shows a scenic coastline and rainforest. It is first shown with soft, serene music, and parents are asked to notice what their feelings are as they listen to the music. Would they like to return to this beach, would they bring their family? This video-clip is a metaphor for feeling secure. The second viewing of the video clip is set to the music from "Jaws". This time the music elicits feelings of anxiety or foreboding. This is a metaphor for feeling insecure. The parents learn to look out for their own "shark music" and how it affects their ability to meet their children's needs on the Circle.

Everyone hears "shark music" sometimes. It comes about as a response to "unregulated" feelings when we feel out of our depth. For example, a carer might not feel competent to soothe a very distressed child because she herself starts to become distressed. So the carer reacts by sending the child away to play before the child is comforted and ready to explore.

What is critical with ‘shark music’ is to recognise when you are hearing it, because then you can see whether you are really responding to what the children are doing, or are reacting to your own ‘shark music’. When you recognise it, you can say to yourself, “there I go again” and avoid responding in a reactive or automatic way.

Children hear shark music too. If we are aware of our shark music and avoid getting caught up in it we can help them to manage theirs too. Below is a picture for unregulated feelings (picture 1). By managing their feelings with someone who is calm (picture 2), the children begin to learn to manage the feelings themselves (picture 3).



Illustration from Hoffman, 2007

Chapter 6: Using the Circle of Security framework to plan for children who are very difficult to connect to

This chapter considers children who are very difficult to connect to. Instead of seeing the children as ‘problem saturated’, the Circle of Security helps you to look beyond their presenting problem to discover the genuine relationship needs that lie beneath their behaviour. A child who is feeling scared or upset may be desperate to come into you for support but not know how to do this in a way that you can easily recognise. These are the children with whom all the staff have strong feelings, often anger or frustration or even desperation. Everyone hears ‘shark music’. The children hear it too, all the time.

Examples:

Two year old Daniel. Age-wise, Daniel had outgrown the smaller infant’s room. Downstairs everything was bigger: bigger playground, bigger children with bigger feelings to learn to modulate. In this context, Daniel was the “run away whirlwind boy”. He never approached staff for comfort, but he was never out of their mind. “I organise, Daniel disorganises” said one staff member. Daniel was the one ‘out-of-the-group’ with his peers: when they went in one direction he went in another. He tried to connect with them by darting away and looking back, in the hope they would chase him.

Aaron who is five. Aaron’s behaviour is described by his carer as ‘unpredictable’. What works to settle him one day does not work the next; he is aggressive toward the other children and there are no obvious triggers for this. Like Daniel, he does not approach the staff for comfort. They are always approaching him to set limits which he refuses. His way of connecting with peers is to surprise them (eg say boo without warning or “bop” them on the head without warning and run off); or to come in close under the guise of telling them a secret. Aaron tries to organise/control all the play that he is involved in. The themes of his pretend play are to be a scary monster who ‘roars’ or a kitten or puppy dog who is very dependent and requires physical care, like feeding. He refuses other children’s invitations to him, and staff are concerned by his lack of empathy: he might take a child’s toy and run off laughing even though the other child shows distress. He is very unsettled at group time and disrupts the other children.

Both boys struggle to connect with peers. What is equally apparent is that they cannot use staff as a secure base from which to explore their social world and as a safe haven to return to. They get into strife because they try to manage too much on their own when they don’t know what to do. For example, when Aaron appears rude to the invitations of others, this can also be seen as his trying to protect himself because he doesn’t know how to respond to the invitation. His exclusive focus on his own ideas for play is his solution for how to connect – “I have to think of everything to keep the play going otherwise it won’t work”.

The first step in helping both children is to address their expectations about getting help. They don’t look to the “big people” to help them, perhaps they think that they do not know what to do either. This becomes a self perpetuating cycle, because as the children rely more on themselves, their behaviour may become more fixed and

worrying to the adult. Then it becomes harder for the carer to support them at a level they can make use of, which again reinforces the children's sense that they have to rely on themselves.

Both children need to feel the “hands “ on the Circle.

Conveying to the children that you can take charge and keep them safe: The best investment is to plan a predictable reunion with staff at the start of the day. The role for the carer is to convey a sense of protection and nurture for the children. You might think that Aaron, especially, is too big for this, but the goal is to help him to see that he can come back to you and rely on you when he is unsure instead of ploughing on, on his own. A helpful image for your role might be that of the “special grandmother” who conveys that she knows the child so well that she can anticipate his or her needs, without the child even having to talk about them (Goldsmith, 2007). At the start you offer high levels of support to show to Aaron that you can be turned to for assistance. In turn you look to see over time if he starts to check in with you more himself, then your offers can be smaller.

I have seen a teacher at another preschool help an isolated child in a similar way. The teacher had brought “magic stones” to school. They were magic because they told the future, “who was going to marry whom”. After the children had been intrigued and received the “news” of their fortunes, the teacher asked the isolated boy to mind one of her stones, to keep it for safe-keeping in his pocket. Then whenever she saw that he was getting a little lost, she would call him back on the pretence that the stone needed some special care to keep its magic powers going. They polished the stone together etc. The nurturing was also nurturing for the child who experienced the emotional refuelling he needed to go out and try to play again.

Once the children develop a secure base, you can then move to the next stage of working with them: to “be with them” with their peers so you can help them develop their social skills.

Example: Guessing Aaron's needs at group time. Find a way to acknowledge his discomfort, because for him, group time will be a reminder of what he still hasn't felt: the joy of belonging to his group, being part of his child care community. You might say, “I can see that it is still a little hard for you at group time. We can sit together at group time. You are welcome to stay as long as you feel comfortable, but if you don't feel comfortable, here are some other things you can do.” Aaron and you together can then work out some options. This is giving Aaron support to regulate his anxiety and know that he has you as back-up. It is NOT rewarding him for unacceptable behaviour. It IS supporting him to organise his feelings.

Without a secure base, children like Daniel and Aaron run the risk of having too little protection and learning a disrespectful model of being with others. “Pick me, choose me, love me” is something that we are hardwired to look for (Hoffman, 2007). When children experience the “hands” on the Circle then you are helping them to reclaim this birthright.

Conclusion

As an early childhood professional you are an expert on working with children. I hope the ideas in this booklet will give you a new way of organising your thinking about children, and will enable you to put less focus on shaping their behaviour and stopping inappropriate behaviour and giving more attention to the child's relationship needs and how he or she can be supported to meet these.

Playspaces Protocol

Rationale

The implementation of Playspaces within the childcare setting has a number of goals. These include;

- Providing a predictable environment for children at the difficult transition time of separating from their parents.
- Providing childcare staff with a concrete experience of being a secure base for the children.
- Helping facilitate childcare staff to be emotionally available for the children.
- Providing a space for childcare staff to observe the children and get their welcome just right ('Welcome by coming to you' need on the Circle of Security).
- Help facilitate childcare staffs' reflective capacity.

The structure of Playspaces facilitates children to move freely around the Circle of Security, at their own pace, because they know they can return to a staff member at any time. Playspaces also allow childcare staff to identify those children who have limited circles.

Procedure for setting up

When deciding to implement Playspaces within a childcare setting we need to first acknowledge that we are asking childcare staff to work in a way that will most likely be very different from their previous experiences. An important first step is to ensure the Director and management of the centre are completely aware and supportive of the rationale and process before beginning to discuss it with childcare staff.

When introducing Playspaces to childcare staff it is useful to refer to the Circle of Security in explaining the rationale for Playspaces (also see Attachment B). In their everyday work with children, childcare staff rarely have the time to focus on observing the children in order to help them make sense of the children's behaviour and needs. Playspaces give staff this dedicated time to observe how children are travelling around the Circle of Security, and how children are, or are not, seeking connection and utilising their support.

The introduction of Playspaces to childcare staff will usually occur at a staff meeting. If possible, it may help if you are able to invite a childcare worker from a centre that utilises Playspaces to talk about their experiences of Playspaces. Alternatively you may be able to use video footage or photos that show Playspaces at work.

Description of Playspaces

In the mornings when children arrive at the centre, we ask the childcare staff to sit down in one place to be with the children, rather than stand up and move around. Each staff member chooses a Playspace to stay in for the first 45mins of the morning. The staff member brings an activity to their Playspace to share with the children.

While in their Playspaces staff are supported (by the C&FW) to actively observe the children, particularly how the children come into them; do they do so directly and clear (straight line children) or indirectly (crooked line children). By observing how individual children seek connection staff are then able to get their welcome just right ('Welcome my coming to you' need on the COS). When children come into them, staff can use this opportunity to 'follow the child's need' (refer to the "needs" on the COS). By following the child's need staff are also engaging in the experience of "being with" the child. "Being With" gives children a sense of being understood and supported, it helps them learn about themselves and therefore supports self regulation and emotional development. When staff are "being with" children in their Playspace, they can also create opportunities for the child to experience moments of "delight" with their teacher ("delight" is essential for secure attachment for children, and for staff's joy and satisfaction with their work).

Negotiation and collaboration with childcare staff at this point is important with regards to how many Playspaces there will be, where they will be located and what activities will be set up in each Playspace. Some considerations here will be;

- How does this fit into the centre's routine and can the routine be altered to accommodate Playspaces,
- Will there need to be one staff as a 'floater' to attend to other needs and therefore support the other staff to be in their Playspace,
- Can you set up a Playspace that focuses on gross motor to support those children who manage separation with running around or more physical activity.
- Staff need to use their professional judgement if they feel they need to leave their playspace to attend to a child or parents needs (if there is no floater or the floater is busy).

When in their Playspaces provide staff with the handout 'Things to think about in your Playspace' (see Attachment A) to give them some structure while in their Playspace.

Maintenance

Experience to date has shown that the best way to support the ongoing success of Playspaces is to ensure the PIEC Child & Family Worker also has a consistent presence in their own Playspace. This provides two fold support for childcare staff, firstly as a role model for being in your Playspace, and secondly as a secure base for the childcare staff (this forms part of the 'Layered Support' that is integral to the PIEC model).

Over time the C&FW can move out of their Playspace from time to time and join staff in their Playspace to talk about their experiences and observations. Again you can utilise the 'Things to think about in your Playspace' handout as well as using this time to support staff to reflect on their own feelings while in their Playspace (i.e. staff's Shark Music).

Childcare staff need consistent and ongoing support in order to maintain their Playspaces. It is estimated that it takes at least 12 months before childcare staff are confident and comfortable enough to maintain Playspaces without intensive support from the C&FW. Remembering that for some childcare staff, we are asking them to change the way they have worked for many years.

Challenges

- We are asking childcare staff to work in a completely new way to what they are used to.
- We are asking childcare staff to place all their trust in the children that they will come to them.
- In order to help the children feel welcome and comfortable, staff need to remain emotionally available to the children.
- Childcare staff need to be able to sit with any aroused feelings brought on by either not having any children with them, or having too many children with them in their Playspace.
- Staff are unable to avoid children who may present difficult behaviours and are forced to respond to any conflict between children when it occurs in their own Playspace.

The evidence

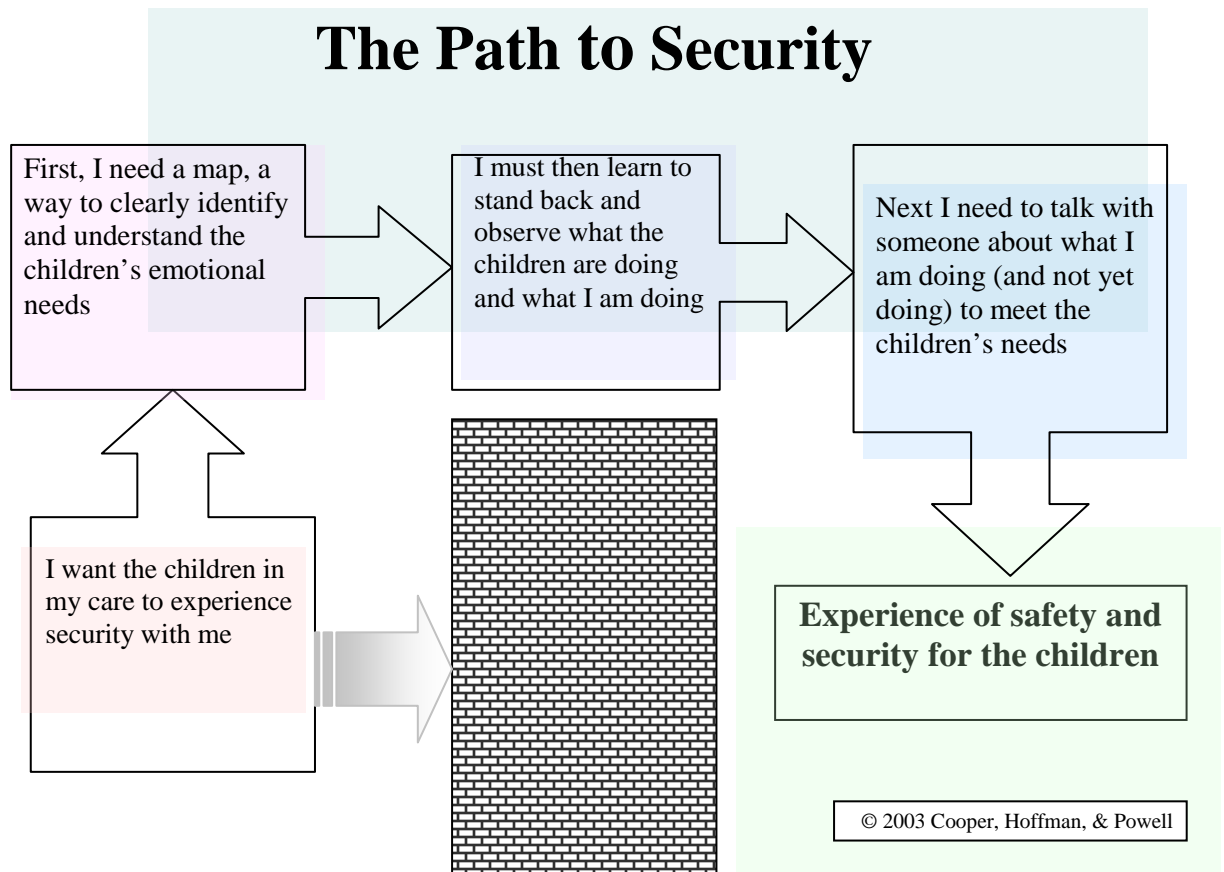
- In a study conducted in 2004 at one of the preschools, 93% of children identified as having a smooth pattern of separation joined a staff member in their Playspace before separation or just after. 90% of children with a distant pattern of separation did the same. This meant that all these children had a secure base from which to start their day.
- Feedback from childcare staff include the identification that children no longer “run around” in the morning and the centre presents as much calmer. Staff are also able to identify that children utilise them for comfort and support more often.
- Feedback from parents include parents feeling less stressed in the mornings as they are able to find staff, they feel more confident in managing the separation as they know where to find staff for support and have noticed that the centre has a calmer feel.

Attachment A

Things to think about in your Playspace

- Which children come into you?
- How do the children come into you, are they direct or indirect?
- How many times do the children come into you?
- Who are the frequent visitors?
- Which children rarely come in?
- What about the 'running around' kids, how do they use the Playspace?
- What about the 'clingy' kids, how do they use the Playspace?
- Which children come into you when they are distressed?
- Which children don't come into you when they are distressed?
- How do the children leave you to return to other play?

Attachment B



This diagram may be useful when introducing Playspaces to childcare staff. The second box refers to the Circle of Security, the third box refers to Playspaces and the fourth box refers to the Child & Family Worker as a role model and secure base for childcare staff (layered support).

Appendix C: Evaluation Framework

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Abbreviations

ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
ITG	Invest to Grow
PIEC	Partnerships in Early Childhood
SPRC	Social Policy Research Centre

Executive Summary

Introduction

This report outlines the draft evaluation plan for the Benevolent Society's Partnerships in Early Childhood Project (PIEC). The Social Policy Research Centre (SPRC) was contracted to develop and implement the evaluation plan. The PIEC project is funded under the Commonwealth Department of Family and Community Services, Stronger Families and Communities Strategy (SFCS), Invest to Grow program.

Description of the Project

The Benevolent Society's Partnerships in Early Childhood (PIEC) program recognises the critical role that childcare centres play in the lives of children, families and communities. Childcare centres provide an excellent opportunity to engage families and are often somewhere families turn to when they need assistance.

PIEC aims to build on the existing strengths, skills and resources of major childcare providers to promote strong, healthy relationships between children, childcare centre staff, families and communities.

PIEC fosters children's social and emotional development through a relationships approach to intervention. PIEC comprises three main components including:

- staff training, supervision, and support;
- parenting assistance and education; and
- linking families to appropriate support and the community.

PIEC centres on early childhood settings and will be conducted in a total of 13 centres in Sydney and the Central Coast. A child and family worker is placed in the childcare and preschool setting to provide training and support to staff. This training and support will increase their understanding of children's behaviours and thereby improve their ability to support vulnerable children and their families.

The child and family worker can also assist families with all aspects of parenting through the provision of parent education and information sessions. The child and family worker also acts as a resource person and "bridge" to support services and programs within the local community through activities such as individual counselling

and supported playgroups. The precise format of the program varies from centre to centre depending on the needs of the children, families and communities.

Overall Approach to the Evaluation

SPRC will adopt both formative and summative evaluation techniques for the evaluation of the PIEC. Formative techniques mean that the lessons from the evaluation process and findings are progressively shared with the Benevolent Society and stakeholders, and that the evaluation process is collaborative and reflective. The summative evaluation techniques will inform the evidence base about effective models for early intervention in early childhood. The primary focus of the evaluation will be the specific change process between worker-child-family-community. The evaluation is designed to complement the SFCS National Evaluation Framework.

A mixed method approach to data collection is proposed to triangulate the findings between the various stakeholders. The methods used will include: document reviews, surveys, case studies, interviews and focus groups with families, staff and managers. In addition appropriate tools designed by the National Evaluators and standardised data collection instruments will be administered to staff and parents/carers. Data will also be derived from routinely collected administrative data.

The overall approach will be to establish baselines outcome measures in the key Invest to Grow (ITG) priority areas of early learning and care and supporting families and parents, in relation to child and family functioning and ratings of relationships between children, childcare centre staff, families and communities. Changes in these dimensions will be measured over the funding period.

Project Logic

The project logic of the model of PIEC asserts that the provision of training and layered supervision and support for staff based on a relationships approach will increase their understanding of children's behaviours and thereby improve their ability to support high-need children and their families. This will lead to increased social competence in children and emotional regulation; improved relationships between children, parents, childcare centre staff and communities; and better quality care for children enrolled at the PIEC childcare centres. In addition, the provision of support using a relationship approach to assist families with all aspects of parenting and link them to appropriate local services and programs through parent education and supported playgroups will lead to improved family capacity and resources and an increase in social and community connectedness.

Process Evaluation

The formative or process component of the evaluation will be conducted in a sample of six centres (two from each location). It will focus on the development and implementation of the PIEC project and monitor the extent to which services are delivered in the form envisaged by the Benevolent Society. Where the results of the project are not those envisaged, the evaluation design seeks to inform current and future developments of PIEC. Where possible the evaluation will seek to differentiate between the different types of interventions. A formal process for feedback and modification of practice involving key personnel will be conducted yearly. The

efficiency of the program will be assessed analysing input (funding) and output (number of participants serviced) data.

Performance Based Monitoring

In this component of the evaluation, information will be collected periodically to assess whether progress is being made towards achieving expected outputs and outcomes. Information to be collected and analysed in terms of expected outputs will include: the type of support provided; the frequency of service; staffing levels; staff retention levels; continuity of staff; staff qualifications; funding; number and type of participants; participant attrition; client satisfaction; and perceived levels of change by staff and parents/carers. Input information including resources and staffing levels will also be collected.

Impact Evaluation

The fourth component of the evaluation will assess the impact or outcomes of the project. The outcomes will relate to the Invest to Grow key priority areas of early learning and care and supporting families and parents. The establishment of baseline measures, so that outcomes can be evaluated against these, is an issue of fundamental importance to the proposed evaluation.

A longitudinal study of a minimum of 100 children in the PIEC project using a pre-test, post-test design will be conducted. Standardised instruments and appropriate questionnaires developed by the National Evaluators will be administered to collect data from childcare staff, children and their parents/carers to assess changes over time. Interview responses and data from the sample at the baseline, middle and end of the evaluation period will be analysed over time to determine the results achieved by children and families and staff in the project. These results will be compared to a sample of demographically matched children attending a childcare setting that is affiliated with the Benevolent Society (matched in terms of resources, size and socio-economic profile of families) where there is no similar intervention, funded either by the Commonwealth or the state. Table 1 summarises the overall evaluation questions, methods, outcomes and data sources.

Table 1.1: Evaluation Summary

Invest to Grow Priority Area	Evaluation Question	Evaluation Component	PIEC Program Outcomes	Data Sources
Early learning and care	Has PIEC achieved its objectives?	Impact Evaluation	Improved relationships between staff and children, children and children, child to parent	Pianta’s Reflective Functioning scale; Pianta’s Teacher-child relationship scale; staff interviews; Service data collected periodically
			Increase in children’s social competence and emotional regulation	BITSEA; Strengths and Difficulties Q
Supporting families and parents	Has PIEC achieved its objectives?	Impact Evaluation	Better quality care for children enrolled at the child care centres	BITSEA; Strengths and Difficulties Q; Service Users Q; parent interviews
			Greater confidence in parenting skills	Leiden Inventory for the child’s well-being in day care
			Greater access to support services for parents and informal supports for their family	Pianta’s parent-child relationship scale; Service Users Q; parent interviews; LSAC Parenting Practices questionnaire
			Child care centres established as a focal point for families in the community	Service Users Q; parent interviews
			Better integrated services system	Service Users Q; parent interviews
Early learning and care; Supporting parents and families	What factors supported or impeded the achievement of these objectives?	Project Logic, Process Evaluation	All outcomes	Document analysis; Key personnel interviews; Childcare staff interviews or focus groups; Family interviews; Case studies
	What factors facilitated and inhibited the project logic model being implemented?			
Early learning and care; Supporting parents and families	What are the most important factors which facilitate improved outcomes?	Impact Evaluation, Process Evaluation	All outcomes	Document analysis; Key personnel interviews; Childcare staff interviews or focus groups; Family interviews; Case studies
	Is the PIEC effective for all children and families?	Performance Based Monitoring, Impact Evaluation		

1 Introduction

This report outlines the evaluation plan for the Benevolent Society's Partnerships in Early Childhood (PIEC) Project. The Social Policy Research Centre (SPRC) was contracted to develop and implement the evaluation plan.

PIEC project is funded under the Commonwealth Department of Family and Community Services, Stronger Families and Communities Strategy, Invest to Grow program. The purpose of the Invest to Grow program is to:

- To expand established early intervention and prevention programs; and
- To refine and/ or further develop promising early intervention programs to a point where they can be more broadly applied through the development of a comprehensive project model.

Invest To Grow outcomes are grouped under four Priority Areas:

- Healthy young families
- Early learning and care
- Supporting families and parents
- Child friendly communities

1.1 Outline of the Report

Section 2 of the report summarises the PIEC project. The following section describes the overall approach to the evaluation and the evaluation aims and research questions. The next four sections outline the various components of the evaluation including the project logic model, the process evaluation, performance based monitoring and the impact evaluation. Evaluation questions and data collection methods are summarised. The final section considers the compliance with ethical standards, reporting arrangements, resource allocation and the roles and responsibilities of the project administration and evaluator.

2 Partnerships in Early Childhood

2.1 Project Description

The Benevolent Society's Partnerships in Early Childhood (PIEC) program recognises the critical role that childcare centres play in the lives of children, families and communities.

Childcare centres provide an excellent opportunity to engage families and are often somewhere families turn to when they need assistance.

PIEC aims to build on the existing strengths, skills and resources of major childcare providers to promote strong, healthy relationships between children, childcare centre staff, families and communities.

PIEC fosters children's social and emotional development through a relationships approach to intervention. PIEC comprises three main components including:

- staff training, supervision and support;
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The child and family worker can also assist families with all aspects of parenting through the provision of parent education and information sessions. The child and family worker also acts as a resource person and "bridge" to support services and programs within the local community through activities such as individual counselling and supported playgroups. The precise format of the program varies from centre to centre depending on the needs of the children, families and communities.

2.2 Evidence Base

International and Australian research have shown that quality early childhood programs have the potential to create an environment that fosters children's lifetime development and educational attainment, minimises the risk of abuse or neglect, and reduces the likelihood of future criminality (Provence and Naylor, 1983; Johnson and Walker, 1987; Miller and Whittaker, 1988; Weikart and Schweinhart, 1992; Oates et al, 1995; National Crime Prevention, 1999; McCain and Mustard, 1999; The National Research Council and Institute of Medicine, 2000). High quality interventions which focus on developing secure relationships between childcare staff and children are linked to improved outcomes for high risk children (Yandell and Hewitt, 1995; Shonkoff and Phillips, 2000).

Attachment theory tells us that children need to have a secure base that supports their exploration of the world and provides reassurance when they return (Bowlby, 1988). Without this, children's experience of the world can be one of fear, anxiety and unpredictability. When children do not have a secure base, their ability to understand and regulate their own emotional state, and their ability to relate to adults and their peers is substantially hindered. This can lead to delayed or underdeveloped emotional and social development. If children do not feel secure enough with the adults in their environment to go out and explore, the development of early learning processes may also be obstructed (Hughes, 1998).

Children who have secure relationships with their childcare teachers and caregivers display more competent interaction with staff and more advanced peer play during the early childhood years. These outcomes are sustained well into the second grade (Howes, 2000; Ladd & Burgess, 1999). The curriculum framework from the NSW Office of Childcare also acknowledges the role that children's services may be able to play in fostering children's social and emotional development through a relationship-based approach to intervention (Department of Community Services, 2002).

A number of intervention programs based on attachment concepts have been developed (Lieberman and Zeanah, 1999; van IJzendoorn, Juffer and Duyvesteyn 1995) including the Circle of Security (Marvin, Cooper, Hoffman and Powell, 2002). This program incorporates Ainsworth's ideas of a Secure Base and a Haven of Safety (Ainsworth, Blehar, Waters and Wall, 1978).

PIEC is based on the Circle of Security model developed by Marvin et al. The child and family worker provides training to staff in attachment concepts that relate to children's exploratory and security needs. Through training and support staff learn how to be emotionally available when a child's attachment system is activated. For example the child and family worker can work with parents and child care centre staff to better support a child's attachment needs at the difficult transition times of separation and reunion. This enables the staff to help children to experience a smooth transition into the child care centre and hence they are more ready to focus on their exploration and learning.

Another important component of the PIEC is linking families to supports outside the child care setting through the provision of parent education and information sessions and supported playgroups. These information sessions and playgroups will use the same attachment concepts to help parents to develop a greater understanding of their children's behaviour in addition to increasing their social capacity and community connectedness. Interventions focusing on building capacity within the community can build resilience and protective factors within children and families and address the structural disadvantage affecting many children, families and communities. Programs addressing social inclusion and social cohesion increase the capacity of individuals and communities.

Case Study: Waterloo Project

The project at Waterloo demonstrates the importance of understanding and supporting staff and children at the level of making relationships. This means understanding the impact that being consistent, supportive and predictable can have on children and how this can be achieved by a better understanding of their security needs. The Waterloo project showed particularly significant outcomes for high-need children.

The severity of child behaviour problems was significantly reduced: 62% of high-need children showed improvement. Over 65% of children who had difficulty with emotional regulation (internalising or externalising difficulties) showed improvement. Eighty-three per cent of children who were part of the project over 2 years either maintained earlier gains or improved further in the second year, indicating a clear benefit to sustaining the project over the longer term.

The majority of staff reported that the project helped them understand children's emotions better and manage difficult situations more effectively, rating the intervention between 8/10 and 10/10 for usefulness. There was a significant drop in staff reporting feeling overwhelmed, helpless or ineffective when responding to a child's behaviour. Most staff are now less focused on struggles over limit setting and managing behaviour, and are thinking more about the child's developmental progression in terms social, cognitive and self-help skills.

The project also had an impact on parents. They noticed that the intervention had a settling effect on their children and spoke to our project worker about their child's behaviour or about family issues, either privately or as part of parenting mornings. Informal access was more successful for many of these families.

Staff received peer support and had the opportunity to reflect both in the centre and outside in a "mentor group" conducted by the support worker. This engaged workers from neighbouring childcare services working with similar families.

Case Study: Kingswood

The success of the program at Kingswood is demonstrated primarily through the connections that developed between isolated parents, and the strong links forged between local service providers. A successful partnership with Anglicare assisted in the development of the supported community playgroup, involving parents from the preschool and the community. One hundred per cent of parents reported that they developed new friendships by attending the community playgroup. Eighty-eight per cent of parents reported that their parenting skills had improved and that they learned new ways of interacting with their children. Parents commented on the informal nature of the group and reported : "We trust (the workers) with any problems . We feel comfortable with them." Many of these women were young and alone in their parenting.

2.3 Implementation Strategies

PIEC will be conducted in communities in north Wyong, and in Sydney's south eastern and south western suburbs. This will be in partnership with Wyong Shire Council, Campbelltown City Council, KU Children's Services and Lady Gowrie Child Centre.

PIEC offers a suite of activities that respond to the needs of the local community and the needs of the children, families and staff in each childcare centre. Strategies will include:

- placing a family worker or psychologist at the childcare centre, working with staff, children and families to identify and support high-need children and families;
- providing staff with hands-on training and supervision to increase their understanding of children's behaviours and relationship needs;
- a focus on the important daily transition moments for children, parents and staff (the children's arrival at and departure from the centre);
- supported playgroups and Parents Connect groups in the local community open to families from the centre and also to families living locally whose children are not enrolled at the centre;
- individual support and counselling for parents;
- parenting mornings, focusing on the needs and strengths of parents (PlayPower workshops for parents are incorporated into these activities); and

- links with other local services providers, connecting families to services and to other community supports.

2.4 Target Group

The program will target families accessing childcare in the most disadvantaged areas, including those living in public housing. PIEC has been developed to meet the needs of families who are isolated from 'mainstream' community engagement. Services will not be offered in areas already targeted by the Communities for Children initiative of the Stronger Families and Communities Strategy 2004-2008.

The target group for this project is children aged 0-5 (in particular children from low income families, children exposed to violence or abuse and children affected by family breakdown), their parents, and children's services staff.

The program is open to all staff and families that attend the childcare centres. Childcare staff will receive training and ongoing support from PIEC staff at childcare centres and preschools in each geographical area to increase their understanding of children's behaviours, which in turn improves their ability to support high need children and their families.

Parents will be able to access parent education sessions (mornings/evenings) and individual support and counselling. These strategies are regarded as an important tool in reducing social isolation and conducive to parents learning from each other and developing their own informal social and support networks.

The program will run supported playgroups, open to all families in the local community and generally conducted in a community facility. The playgroups incorporate play-based learning and other activities that promote child development and parent/child interaction. Access to childcare services is enhanced for children not currently enrolled by established trust in the system.

Families will be provided with access to information and supports to increase community understanding of the importance of nurturing children in the early years.

The program will rely on developing local partnerships with service providers and strengthening existing infrastructures. By partnering with childcare centres, local councils and other existing service providers, the program will lead to better integration across community services.

Strategies to Engage Fathers

PIEC recognises the important role that fathers play in the lives of their children. PIEC will offer a range of services that will be inclusive of and/or specifically targeted to fathers, including playgroups, Playpower workshops, child development related educational sessions (via flexible delivery), and appropriate language in written materials. Fathers will be encouraged to participate in the childcare centres, community based activities and to utilise the supports of the PIEC Staff.

3 Overall Approach to the Evaluation

SPRC will adopt both formative and summative evaluation techniques for the evaluation of the PIEC. Formative techniques mean that the lessons from the evaluation process and findings are progressively shared with the Benevolent Society and stakeholders, and that the evaluation process is collaborative and reflective. We recognise that the policy process is not a linear or circular sequence but more complex (Yeatman, 1998: 16). The summative evaluation techniques will inform the evidence base about effective models for early intervention in early childhood. The primary focus of the evaluation will be the specific change process between worker-child-family-community. Where possible the evaluation will seek to differentiate between the different types of interventions. The evaluation will complement the National Evaluation and adhere to reporting requirements.

SPRC will design the evaluation as participative and collaborative research, with the Benevolent Society and key stakeholders. This includes understanding their perspectives on the evaluation and project objectives, purpose and context. This design approach establishes working relationships between the evaluators, the Benevolent Society and stakeholders. The evaluation will depend on the ability of the evaluators to maintain good working relationships with the Benevolent Society and service providers, without compromising academic rigour.

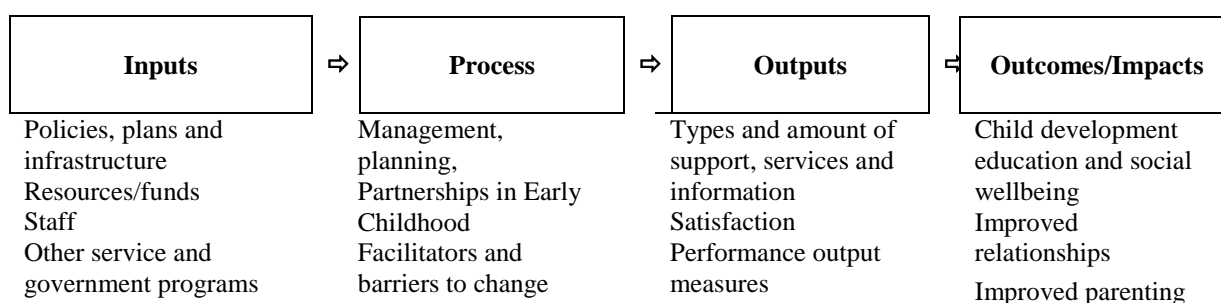
3.1 Aim of the Evaluation

The overall aims of the evaluation include: to provide information that monitors, assists and supports the further development and refinement of the PIEC project (formative evaluation); and to assess effectiveness of the PIEC project by monitoring the achievement of positive outcomes for children and families (summative evaluation).

3.2 Evaluation Conceptual Approach

A production of welfare approach, based on program logic, will be applied to the evaluation to take account of inputs, process, outputs and outcomes from the project (Figure 3.1).

Figure 3.1: Evaluation Conceptual Approach



The approach distinguishes four distinct but closely linked stages in the process of service delivery: inputs; the production process, outputs and outcomes. The approach provides a framework in which to understand the complex interaction of government, agencies and individuals, over time. It draws attention to the relationship between

project implementation, the way in which the services are delivered and their consequences for individuals and families.

Following this framework and in accordance with the draft framework for the ITG Project Model Evaluations, the proposed evaluation has four main components:

5. The first component describes the inputs to the project including policies and resources assigned for the project, the organisational systems and structures used in the implementation and features of the environment in which it takes place.
6. The second component involves describing the *implementation process* of the project. This will provide information which can be used to determine how efficiently and effectively the project is implemented, and whether this is being done as originally intended. Where there is a divergence, the evaluation will address the issue of what has inhibited or promoted implementation to inform current and future developments of the project.
7. The third component relates to *monitoring outputs* against performance indicators - for example the number of services provided, their reach, the extent to which they are accessed by particular target groups and levels of satisfaction.
8. The fourth task is to assess the *impact* or outcomes of the project. These will relate to the Invest to Grow key priority areas of early learning and care and supporting families and parents. In the analysis, the relationship between the inputs and the outputs will be used to assess the efficiency of the project, and the relationship between the outputs and the outcomes will be used to judge its effectiveness.

3.3 Evaluation Questions

The evaluation of PIEC will seek to answer the following questions:

- Has PIEC achieved its objectives?
- What factors supported or impeded the achievement of these objectives?
- What factors facilitated and inhibited the project logic model being implemented?
- To what extent has the PIEC project contributed to improved outcomes for children and families in the project in relation to the relevant priority areas?
- What are the most important factors which facilitate improved outcomes?
- Is the PIEC effective for all children and families?

The overall approach will be to establish baseline outcome measures in the key Invest to Grow (ITG) priority areas of early learning and care and supporting families and parents, in relation to child and family functioning and ratings of relationships between children, childcare centre staff, families and communities. Changes in these dimensions will be measured over the funding period. Each of four components of the evaluation plan is outlined in more detail in the following sections.

A mixed method approach to data collection is proposed to triangulate the findings between the various stakeholders. The methods used will include: document reviews, case studies, interviews and focus groups with families, staff and managers. Data will be also derived from routinely collected administrative data and special collections using tools developed by the National Evaluators and standardised data collection

instruments. Table 3.1 summarises the overall evaluation questions, methods and data sources for the evaluation components, outlined in more detail in the following sections.

Table 3.1: Evaluation Summary

Invest to Grow Priority Area	Evaluation Question	Evaluation Component	PIEC Program Outcomes	Data Sources
Early learning and care	Has PIEC achieved its objectives?	Impact Evaluation	Improved relationships between staff and children, children and children, child to parent Increase in children’s social competence and emotional regulation Better quality care for children enrolled at the child care centres	Pinata’s Reflective Functioning scale; Pianta’s Teacher-child relationship scale; staff interviews; Service data collected periodically BITSEA; Strengths and Difficulties Q ;BITSEA; Strengths and Difficulties Q; Service Users Q; parent interviews
Supporting families and parents	Has PIEC achieved its objectives?	Impact Evaluation	Greater confidence in parenting skills Greater access to support services for parents and informal supports for their family Child care centres established as a focal point for families in the community Better integrated services system	Leiden Inventory for the child’s well-being in day care Pinata’s parent-child relationship scale; Service Users Q; parent interviews; LSAC Parenting Practices questionnaire Service Users Q; parent interviews Service Users Q; parent interviews
Early learning and care; Supporting parents and families	What factors supported or impeded the achievement of these objectives? What factors facilitated and inhibited the project logic model being implemented?	Project Logic, Process Evaluation	All outcomes	Document analysis; Key personnel interviews; Childcare staff interviews or focus groups; Family interviews; Case studies
Early learning and care; Supporting parents and families	What are the most important factors which facilitate improved outcomes? Is the PIEC effective for all children and families?	Impact Evaluation, Process Evaluation Performance Based Monitoring, Impact Evaluation	All outcomes	Document analysis; Key personnel interviews; Child-care staff interviews or focus groups; Family interviews; Case studies Service data collected periodically;; BITSEA; SDQ; Service Users Q; Leiden Inventory for the child’s well-being in day care LSAC Parenting Practices questionnaire

4 Project Logic

We will adopt the results based accountability model to develop the program logic and methodology for the evaluation (Treasury NSW 2004). It establishes a logic for selecting results and indicators from primary and secondary data sources for the evaluation analysis. It also establishes appropriate timescales for the expected outcomes so that these can be measured in a timely fashion. It also minimises many of the difficulties about attribution and causality by focusing on concrete program logic.

4.1 Project Aims and Objectives

The overall aim of PIEC is to promote strong, healthy relationships between children, childcare centre staff, families and communities. The project places childcare centres at the centre of the community, building on existing strengths and resources, and harnessing the skills and resources of major childcare providers.

The overall Project objectives are to:

- Promote children's healthy emotional and social development;
- Increase expertise of early childhood staff working with complex families;
- Improve the quality of children's early learning experiences;
- Improve parent and child relationships;
- Increase social and community connectedness; and
- Develop childcare centres as community hubs and safe, non-threatening places to support vulnerable children and their families.

4.2 Proposed PIEC Outcomes

Within the funding period it is anticipated that the project will contribute to the following short to medium term outcomes for children, families and child-care staff. These outcomes predominantly relate to the Invest to Grow Priority Area of early learning and care and supporting families and parents. These outcomes include:

- Improved relationships between children and their parents, children and other children, and children and childcare staff;
- Childcare and preschool staff will be better able to foster healthy emotional and social development for all children;
- Increased social competence and emotional self-regulation and a decrease in behavioural problems;
- Better quality care for children enrolled at the childcare centres;
- Greater confidence in parents about their parenting skills;
- Greater access to support services for parents and informal support for their family;
- Childcare centres established as a focal point for families in the community;
- Better integrated service system.

Longer-term outcomes include:

- Building the Australian evidence about what works in prevention and early intervention in early childhood; and
- Developing information and resources for parents, professionals and communities.

Beyond the funding period it is anticipated that the project will contribute to the following long-term outcomes:

- Workers who receive the benefits of the intervention will continue to pass on changes to subsequent cohorts beyond the funding period;
- Children will be better prepared for school;
- Stronger community links will result from social and support networks; and
- Greater integration will be achieved between local service providers.

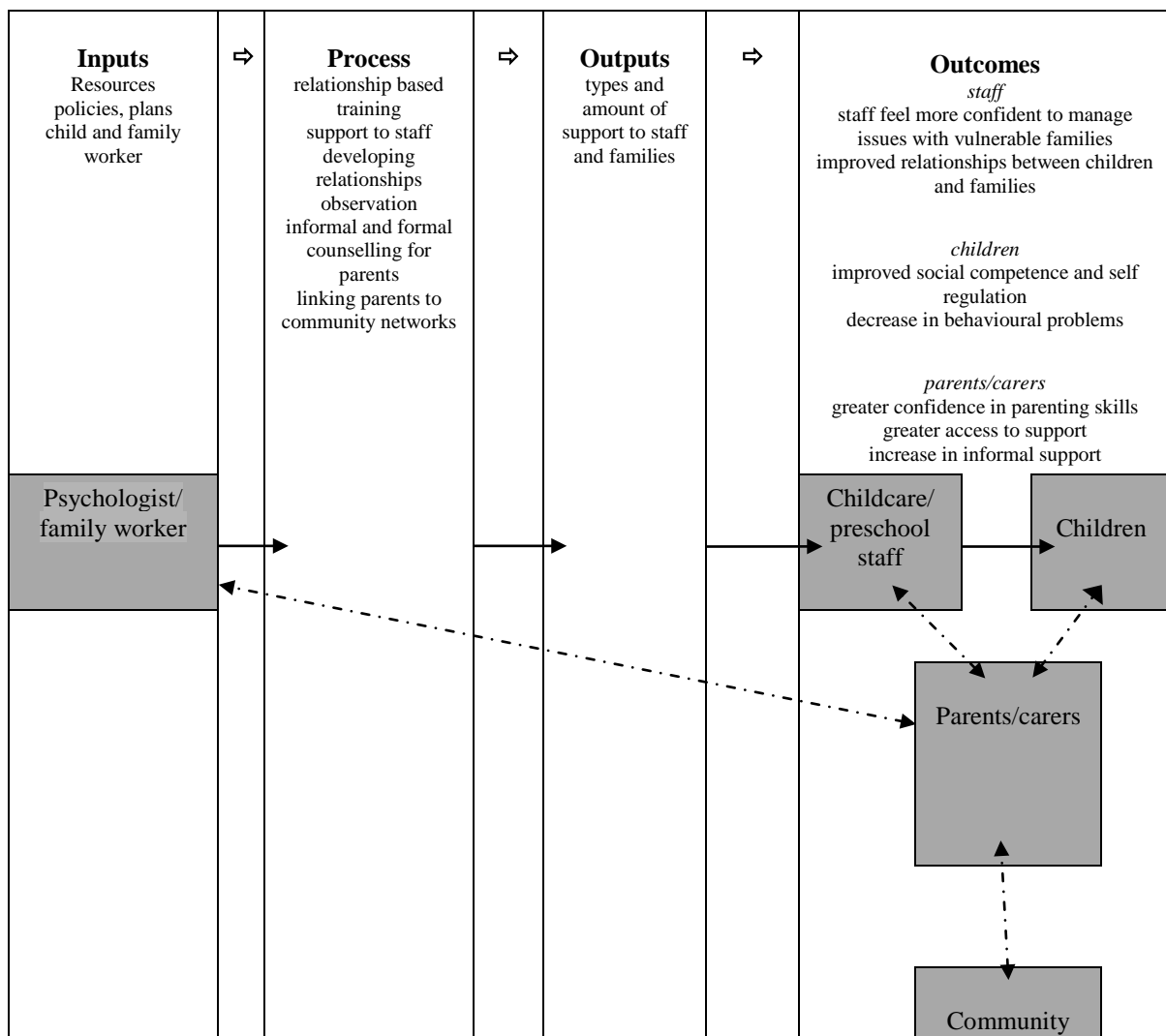
Table 4.1: Summary: Invest to Grow Priority Areas and Outcomes and PIEC Objective and Outcomes

Invest to Grow Priority Area	Invest to grow Outcomes	PIEC Program Objectives	PIEC Program Outcomes
Early Learning and Care	Improved child social and emotional development	Promote children’s healthy emotional and social development	Improved relationships between childcare staff and children, children and children, child to parent
	Improved child cognitive development and competence	Increase expertise of childcare staff working with complex families	Increase in children’s social competence and emotional regulation
		Improve the quality of children’s early learning experiences	Better quality care for children enrolled at the childcare centres
Supporting families and parents	Strong parent child relationships	Improved parent child relationships	Greater confidence in parents about their parenting skills
			Improved relationships between staff and parents and parents and staff
	Improved family capacity and resources	Increase social and community connection	Greater access to support services for parents and informal supports for their family
		Develop Childcare centres as community hubs	Childcare centres established as a focal point for families in the community
		Better integrated services systems	

4.3 Project Logic Model

The project logic of the model of PIEC asserts that the provision of training and support for staff based on a relationships approach will increase their understanding of children’s behaviours and thereby improve their ability to support high-need children and their families. This will lead to increased social competence in children and emotional regulation; improved relationships between children, parents, childcare centre staff and communities; and better quality care for children enrolled at the PIEC childcare centres. In addition, the provision of support, using a relationships approach, to assist families with all aspects of parenting and link them to appropriate local services and programs through parent education and supported playgroups will lead to improved family capacity and resources and an increase in social and community connectedness (Figure 4.1).

Figure 4.1: Project Logic PIEC



4.4 Data Sources

Project documents and information collected as part of the process evaluation (Section 5) and performance based monitoring (Section 6) will be used to evaluate the project logic.

5 Process Evaluation

The formative or process component of the evaluation will focus on the development and implementation of the PIEC Project. It will monitor the extent to which services are delivered in the form envisaged by the Benevolent Society. Where the results of the project are not those envisaged by the Benevolent Society, the evaluation design, based on the principles of action research, seeks to inform current and future developments of PIEC (Wadsworth,1993).

5.1 Process Evaluation Questions

The overall aim of the process evaluation is to determine whether and how PIEC have improved outcomes for children. It will also determine the extent to which the model has contributed to improvements in these outcomes. The following questions will be investigated in the process evaluation:

- To what extent is the implementation of PIEC consistent with the Project Logic?
- What factors supported or impeded the implementation of the PIEC project internally and externally?
- Was the implementation of the model effective and efficient?
- What have been the key changes implemented in PIEC projects as a result of the implementation
- What were the strengths and key challenges?
- Are the project delivery documentation, including project management guidelines, quality assurance systems and staff training programs proving to be adequate, appropriate and supporting effective project operations? If not, what action is planned to refine them?

5.2 Data Sources

This section describes the data collection methods and instruments to be used in the process evaluation component. A triangulated methodology will be employed to explore the process of development and implementation and the experiences of stakeholders from a number perspectives (Dockrell, 1995; Sarantakos, 1993). The process evaluation will consist of document analysis, case studies and key personnel interviews and focus groups, childcare staff interviews and parents/carers interviews.

The process evaluation will be conducted in a total six centers, two centres in each of the three areas. SPRC will collect data in this component of the evaluation

Document Analysis

Documentation relating to PIEC will be analysed as a means of determining the intentions of PIEC and the reflection of those intentions in the written records. This analysis will be compared to data collected from practitioners and families.

Key Personnel Interviews

A number of face-to-face interviews (up to five) in each centre or focus groups involving key personnel from the Project including the Project Manager, Centre

Directors, parent representatives and Project Leaders, will be conducted to gain the management level perspective on the implementation process.

Topics to be discussed in the interviews will include:

- Process of implementation of Project
- Perceived impact of Project
- Barriers and difficulties

Childcare Staff

Up to 5 interviews or focus groups will be conducted with child-care staff in each centre to examine the differences between process goals and practice.

Topics to be discussed will include:

- Knowledge of aims and objectives of PIEC
- Changes in processes as a result of PIEC
- Barriers and difficulties
- Perceived impact PIEC

Family Interviews

A sample of parents/carers will be interviewed about their experience with PIEC and perceived impact. Up to five parents/carers in each centre will be involved. The sample will include parents who have participated in the different types of interventions within the program. Information discussed in the interviews will be tailored according to the type of intervention received by the families. By interviewing these parents/carers it will be possible to compare the staffs' perceptions of the impact of the project and the experiences of parents/carers. This information will provide case study material on impact of PIEC.

Information to be discussed in the interviews will include:

- Access to information/support via the PIEC project
- Parents/carers contact with the psychologist/family worker
- Relationship to the teacher
- Perceived impact of PIEC on children's behaviour
- What has been of most help
- Connection to the community outside the centre

5.3 Case Studies

A number of case studies will be conducted with up to three families, in one centre in each location, who agree to participate in the parent/carer interviews. These cases studies will provide more in-depth explanation of changes over time. Up to three staff in each centre will also be interviewed.

5.4 Formal Process for Feedback and Modification of Practice

Feedback and modification of practice will be continual throughout the intervention. The purpose of the layered supervision for staff within the intervention is to facilitate reflective practice. A formal process for feedback and modification of practice will be facilitated by SPRC each year. Results from the process and impact evaluation will be fed back to key personnel and the advisory group and used for planning and refining the intervention.

5.5 Data Collection Timeframe

Process information will be collected at three points in time, baseline, middle and final stages of the intervention. The proposed timeframe for the collection of process information is outlined in the table below.

Table 5.1 Proposed Timeframe for Data Collection

Piloting data collection instruments	2005	October -November
Baseline/round 1 – fieldwork	2006	February- March
Baseline/round 1 – analysis and report	2006	June
Middle stage – fieldwork	2006	November
Middle stage – analysis and report	2007	February
Final stage – fieldwork	2007	November
Final stage – analysis and report	2008	March

The process data will be collected at three points in time (baseline, middle and final stages) to minimise data collection burden. It is envisaged that this data collection will become part of the self-monitoring process of the project.

The data collection process and tools will be piloted in late 2005. Baseline data will be collected in February –March 2005. The middle stage and final stage fieldwork will be conducted in November 2006 and November 2007 respectively.

6 Performance Based Monitoring

There are particular challenges in developing results-based performance measures for an intervention, including the complexity of influences on the well-being of individuals, the difficulties associated with ‘measuring’ broad results, and the time-scale associated with long-term results (AIHW, 2000). Consequently, indicators are considered more appropriate than measures. The Invest to Grow Performance Indicators as devised by FACS and the progress monitoring template developed by the National Evaluators will form the basis for developing the results-based measures for this component of the evaluation. These measures will also be useful for assessment and planning purposes.

Information will be collected periodically to assess whether progress is being made towards achieving expected outputs and outcomes in this component of the evaluation. Data specifications and definitions will adhere to the SFCS National Evaluation Framework. Information to be collected and analysed will include:

- the type of support provided;
- the frequency of service;
- staffing levels
- staff retention levels;
- continuity of staff
- staff qualifications
- funding;
- number and type of participants;
- participant attrition;
- client satisfaction; and
- perceived levels of change by staff and parents/carers

To minimise data collection burden on staff and management data collection, where possible, data required for this component will be collected as part of routine management, self-monitoring and quality assurance information.

The efficiency of the program will be assessed by analysing input (amount of funding for the intervention) and output (number of participants serviced) data.

The analysis will apply a subset of the financial data, ongoing administrative and service costs of PIEC. For the purposes of the examining the efficiency of the intervention, costs will only include the financial costs of managing and implementing PIEC. It will exclude the following costs:

- one-off costs of establishment and evaluation;
- indirect costs to clients or other stakeholders; and
- non-financial costs, such as time, stress and impact on other services.

Output data for this analysis will include the number of staff, children and parents/carers receiving support from the intervention. The analysis will take account of the length of time participants are involved in the intervention.

7 Impact Evaluation

The impact evaluation component of the PIEC project model evaluation will examine whether the project has achieved positive outcomes for children, families and key stakeholders in the Invest to Grow priority area of early learning and care and supporting families and parents.

Both quantitative and qualitative data will be used in the impact evaluation. Quantitative outcome data will be derived from a number of sources including existing administrative datasets and additional sample datasets to be collected by the childcare/preschool and PIEC staff.

7.1 Evaluation Questions

This component of the evaluation will seek to examine the following questions:

- What were the short-term and medium-term outcomes of the project in the relevant Invest to Grow priority areas?
- What worked for whom and under what circumstances?
- Are further outcomes anticipated?
- In addition to PIEC what other factors were involved in achievement of outcomes?
- Have there been unanticipated outcomes, positive and negative?

7.2 Outcome Measures

A pre-test post-test design will be utilised to collect outcome data for all children in all sites using standardised instruments and relevant questionnaires developed by the National Evaluator. It is envisaged that some short-term outcomes for staff and children will be evident within the first year of the intervention. If children and staff remain at the centre for more than a year they will be followed up over the evaluation period.

Outcome data will be collected for three groups, children, parents/carers and child-care staff.

It should be noted that causality will be difficult to attribute as children and families may benefit from other services in a broader context of other NSW and Commonwealth policies. Therefore we propose a context analysis at the local level. This strengthens the ability of the evaluation to appropriately attribute results to the project as opposed to other contextual factors. As outlined earlier triangulation of data and methods from the various data sources will assist in this analysis

Children

All children attending all 13 centres involved in PIEC, two days or more per week aged over one year, will be included in the sample if parents agree to participate in the evaluation. This will yield a possible sample of between 341 and 544 .

Social and Emotional Well-being (Problems and Strengths)

All staff agreeing to participate in the evaluation will complete either the BITSEA or the Strengths and Difficulties Questionnaire for up to three children.

The Strengths and Difficulties Questionnaire will be administered to children aged three years and over. This is a UK measure that has been adapted for Australian use and it will assess their social and emotional well-being. It consists of 25 items filled out by parents and by teachers/carers. Items fall under five scales: emotional symptoms scale, conduct problems, hyperactivity scale, peer problems scale, and pro-social scale. Childcare staff will complete this. These scales will measure, in particular, changes in children's cognitive development, social competence and emotional regulation.

For children aged between one and three staff will be asked to complete the Brief Infant Toddler Social Emotional Assessment (BITSEA). The BITSEA identifies emerging social-emotional problems in infants and toddlers aged 12 to 36 months BITSEA . All children aged one year and over attending the 13 centres involved in PIEC 2 days or more per week whose parents consent to participating in the evaluation will be included in the sample.

Children's Experience of Quality Care

Staff will also complete the Leiden Inventory for the Child's Wellbeing in Day Care (LICW-D) for the selected children. This is a Dutch measure which was developed to assess children's adjustment in their childcare setting. It consists of 12 items rated on a 6-point Likert scale. As such, it provides a sensitive measure of the quality of the child's childcare experience. The LICW-D will be used to measure changes in adjustment over the course of the intervention.

Risks

Due to the transient nature of the population it is proposed to collect data for all children to ensure an adequate sample size for analysis.

Staff

All staff in the 13 centres involved in PIEC will be asked to complete Pianta's Child-Teacher relationship scale. This can be used with children from 2.5 years upwards. It contains 15 items on a 5-point Likert type scale. Scoring consists of three subscales: conflict, closeness and dependency. These two instruments will measure changes in the staff's relationships with the children and whether their focus has changed from limit setting and managing behaviour to thinking about the child's developmental progression in terms social, cognitive and self-help skills.

The Pianta interview schedule will be used to assess reflective functioning (content themes) of staff and staff's affect toward the child. This schedule contains five questions. Each interview will be administered by the PIEC staff and takes approximately 20-30 minutes to complete. Up to three staff in three centres (one in each location) will be asked to participate.

Additional outcomes and output data collected by SPRC as part of the process evaluation (eg staff's appraisal of the intervention) and performance based monitoring (continuity of staff and measures of the quality of the childcare/preschool) will be used in the analysis.

Parents

All parents with children aged one year and over attending the centre two days or more per week willing to participate in the evaluation will be asked to complete Pianta's Child-Parent relationship scale. This contains 15 items on a 5-point Likert type scale used for with children from 2.5 years upwards. These parents will also be asked to complete the *Strengths and Difficulties* Questionnaire. These scales will measure changes in the parent's relationship with their child over time.

In addition the National Evaluator's Service Users Before and After Questionnaire will be used to measure the short-term impact of the project on children and families (eg, changes in parenting practices, community connectedness) and levels of satisfaction. An additional component will include a series of questions on parenting practices, developed for the Longitudinal Study of Australian children (LSAC). Three questions ask parents to rate aspects of their parenting; eight questions ask parents about their child rearing practices; and questions ask about discipline. Each question is rated on a 5-point Likert scale.

Additional output and outcomes data collected as part of the process evaluation (eg. parent's appraisal of the intervention and contact with the psychologist/family worker) will be used in the analysis.

Risks

It is important to note that the collection of outcomes data should not disrupt or negatively affect the delivery of the PIEC intervention. Data collection tools and processes will be rigorously piloted and reviewed to assess the burden placed on staff and parents/carers. If participants indicate that the data collection is too burdensome the instruments will be adjusted or reduced accordingly.

7.3 Comparison Group

Randomised control allocation and waitlist comparison groups are not appropriate methodologies for the evaluation of the PIEC due to ethical considerations and implementation difficulties. The longitudinal study of children in the PIEC project, at the baseline, middle and end of the evaluation period, will be compared to a demographically matched sample of children attending a childcare setting affiliated with the Benevolent Society (also matched in terms of resources, size and socio-economic profile of families) where there is no similar intervention, funded either by the Commonwealth or the state. For children whose parents agree to participate in the evaluation as comparison group staff in the centre will be asked to administer the Strengths and Difficulties questionnaire for children aged three years and over and the BITSEA for children aged between one and three years attending the centre for two or more days per week at three points in time.

Table 7.1 outlines the proposed timeframe for the collection of quantitative outcomes data.

Table 7.1: Proposed Timeframe for Quantitative Data Collection

Piloting data collection instruments	2005	October -November
Baseline/round 1 – fieldwork/data collection	2006	March
Baseline/round 1 – analysis and report	2006	June
Round 2 – data collection	2006	November
Round 2 – analysis and report	2007	February
Round 3 – data collection	2007	March
Round 3 – analysis and report	2007	June
Round 4 – data collection	2007	November
Round 4 – analysis and report	2008	March

8 Compliance with Ethical Standards, Budget and Timeframes

8.1 Compliance with Ethical Standards

The UNSW has a Code of Research Practice by which the researchers abide. We are also concerned in all our research studies to maintain high standards of ethical practice and to respect confidentiality and privacy of research participants. All the research instruments and forms will be inspected by the University Research Ethics Committee to ensure that the research complies with the highest standards of practice.

The SPRC Consortium also adheres to the Australasian Evaluation Society *Guidelines for the Ethical Conduct of Evaluations*. Whereas there are many similarities between research and evaluation, the specific purposes of project evaluation require additional ethical considerations in the design of evaluation activities.

From the perspective of research ethics, it will be essential that privacy and confidentiality provisions are sufficient to ensure that any information disclosed by participants to the evaluators during the course of the evaluation is not misused (used for purposes other than those expressly stated to the participants by the evaluators).

Potential participants will also be supplied with clear information statements about the use to which information collected from them will be put, and about the measures taken by the evaluators to ensure that their privacy and confidentiality are maintained. They will also be required to sign consent forms before they can become involved.

The SPRC has an Indigenous Research Strategy to guide research practice with Indigenous people, families and communities. It is Centre practice to modify consultation and research methods to respect the needs of Indigenous participants. Where relevant, Indigenous researchers are engaged to adapt methodologies and research instruments and to assist with data collection and interpretation.

The literacy and linguistic needs of participants from a non-English speaking or Aboriginal and Torres Strait Islander background will be accommodated through the provision of translators and interpreters as required. Where literacy is an issue, all

forms can be delivered through sound recordings in English or in the appropriate community language. Field workers from support organisations will be engaged when necessary. Alternatively, trusted persons or peers may be of assistance in some circumstances.

In addition, the researchers will be sensitive to participants' needs and requirements relating to gender, cultural issues, disability and sexuality.

8.2 Timeframe

Table 8.1 outlines the proposed timeframe for milestones.

Table 8.1: Proposed Timeframe for the Milestones

Tasks and milestones		
Implementation and Ethics	2005	August
Evaluation Plan	2005	September
Planning, meetings with Project Officer and Committee	2005	November
Baseline/round 1 – fieldwork/data collection	2006	March
Baseline/round 1 – analysis and report	2006	June
Round 2 – fieldwork/ data collection	2006	November
Round 2 – analysis and report	2007	February
Round 3 – data collection	2007	March
Round 3 – analysis and report	2007	June
Round 4 – fieldwork/data collection	2007	November
Round 4 – analysis and report	2008	March
Draft final report	2008	May
Final report	2008	June

8.3 Resources

Table 8.2 below outlines the proposed budget for the evaluation.

Table 8.2: Proposed Budget

Evaluation Partnerships in Early Childhood	2005	2006	2007	2008
Implementation and ethics	17,831	9,437	9,526	5,013
Evaluation plan	7,940			
Baseline Measurement/Fieldwork/Reporting	18,358	56,988	25,169	23,471
Data entry		6,710	6,710	6,710
Transcription		5,460	5,460	5,460
Travel	671	2,950	690	1,720
TOTAL ex GST	\$ 216,274.00	44,800	81,545	47,555

8.4 Roles and Responsibilities

Table 8.3 below outlines the roles and responsibilities for the project administration and the evaluation.

Table 8.3: Roles and responsibilities of Project Administration and Evaluation

Position	Key personnel	Role
<i>Project Administration</i>		
Senior Manager Early Childhood Benevolent Society	Greg Antcliff	PIEC Project Manager
<i>Evaluation</i>		
Research Fellow, SPRC	Cathy Thomson	Evaluation Project Manager
Research Associate, SPRC	Dr kylie valentine	Process evaluation operational management, data collection and analysis
Research Officer, SPRC	Tom Longden	Database management and analysis
Senior Research Fellow, SPRC	Karen Fisher	Impact Evaluation Adviser
Senior Lecturer, School of Teacher Education, Charles Sturt University	Dr Linda Harrison	Expert Adviser

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