Engaging Families in the Early Childhood Development Story

A National Project conducted on behalf of the Ministerial Council for Education, Early Childhood Development and Youth Affairs

Research findings from a survey of parents of children from birth to age 8
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EXECUTIVE SUMMARY

This report highlights for policy makers the key findings of a national survey of parents with children birth to age eight about their knowledge of brain development in the early years and its implications for parenting, and about their access to relevant information.

The survey is a component of the MCEECDYA project Engaging Families in the Early Childhood Development Story. This project aims to help parents, carers and the community to understand evidence-based information from the neurosciences about early childhood development and thereby to influence their interactions with children for optimal outcomes. There are three stages to the project: Stage 1 – Research and identification of key messages; Stage 2 – Campaign and communications strategy development; Stage 3 – Campaign delivery and communications strategy implementation.

This report is a critical part of Stage 1. It presents results from a survey based on the 11 key messages identified in the literature search component of Stage 1 (see MCEECDYA, 2010 Neuroscience and early childhood development: Summary of selected literature and key messages for parenting).

The survey administered questionnaires and conducted focus groups with the following groups of respondents across states and territories:

- Indigenous families
- Families with low incomes or living in poverty
- Refugee families / culturally and linguistically diverse families
- Families with child protection issues
- Geographically isolated families (remote and regional)
- Grandparents with a primary carer role
- Fathers
- Teenage parents
- Families who have children with disabilities
- Non-priority, i.e. families who were not members of any of the above groups.

Main findings

Parents’ understanding/knowledge of brain development in the early years, its implications and importance to parents

Parents generally recognised the importance of those key messages that are consistent with traditional child development theories (for example, the importance of nurturing relationships, of a language rich environment, of good health and nutrition). However, they did not often demonstrate an understanding of the link between those messages and brain development and the implications for children’s longer term outcomes. Nor did they always have the knowledge, capacity or resources required to apply them.

Many parents said that they were interested in this kind of information, yet these messages did not always change how they parented.

Social, emotional and personal contexts interfere with parents’ capacity and willingness to access and attend to messages.
The following findings relate to the key messages of the neurosciences regarding early child development.

**The first five years last a lifetime**
- The majority of parents understood the importance of the first five years and experiences that promote development, but this understanding did not explicitly include links with brain development.
- Parents were aware of the influence of environment on outcomes for children but their focus was social and emotional development more than brain development.
- One in five parents felt that children’s genes determined how their brain developed and that they could not make a difference to this.

**Children are born ready to learn**
- Parents from every group were aware that children learn from birth.

**Good nutrition, health and exercise are critical**
- With the exception of the Indigenous and the refugee/CALD groups, most had sound understanding of the need for good nutrition, health, sleep and exercise but this was an area where the message was inconsistently lived out.

**The best learning happens in nurturing relationships**
- Literature indicates that adults cannot spoil a baby. However, nearly a third of parents believe there is a need to be strict. This may reflect the traditional developmental/behaviourist beliefs evident across the parent groups.
- Most parents had an understanding that predictable nurturing environments and body sensory experiences such as touching and rocking were important for emotional development. Brain development was not mentioned.

**Children learn through being engaged and doing / children learn from watching and copying**
- Parents understood the contribution that watching, copying and play make to children’s learning. Experimentation and being engaged were rarely mentioned and many parents said that their chores and other priorities limited the time and motivation to engage in learning with their children.

**The brain develops through use**
- Generally parents did not actively set about to promote brain development and learning. The majority of references they made were to behaviour, emotional wellbeing and skills (e.g. reading and cooperating).

**Children’s self-control is critical for learning, responsibility and relationships**
- The importance of self-regulation is a key message in the neurosciences. While children are beginning to self-regulate by the time they start school it is unreasonable to expect this in very young children. However, one third of parents thought that one-year-olds should know right from wrong and they should be strict with them. One fifth thought a child should only be praised for success rather than effort. However, some grandparents, fathers and regional parents expressed the need for children to have some self-control by the time they start school and knew this took time to learn.

**Children learn language by listening to it and using it**
- The majority of parents expressed good understanding about the importance of talking with children from a very young age.

**Children’s wellbeing is critical to brain development and learning**
- Only two focus groups understood that wellbeing is fundamental to engagement and learning. Half of the parents did not think it necessary to comfort an upset baby quickly, which has implications for a baby’s brain development and wellbeing.
Children are born ready to use and learn mathematics
• Little was said explicitly about mathematics, although most parents felt that it made quite a difference to children’s learning if they helped with household chores (involving mathematical concepts such as sorting, ordering, classifying). Two groups thought social and emotional skills prior to school were more important.

Accessing parenting information
Access to information varied widely across the groups, with Indigenous parents most challenged about knowing where to go and the relevance of the information.
There was a tendency for parents to seek information when they were troubled by their children’s behaviour or development. Parents with a relationship with a warm and knowledgeable professional group facilitator had the most confidence in accessing information. Two groups who belonged to intensive intervention programs expressed more understanding of early childhood development and supportive parenting practices than the other groups. The non-priority families group also had an active relationship with the professional at a local drop-in centre. Teenage parents were also confident in knowing where to access information and in finding it useful.
Mothers’ groups ranked high as a favoured source of information. Findings suggest the need for establishing groups for fathers or making fathers more welcome at existing parent groups.
Friends and other parents were one of the most used and least criticised sources of useful information.
There was a mixed response to the usefulness of books, with the geographically isolated parents finding written material most useful.
Families were a popular source of information, but parents’ parents came under criticism for out-of-date knowledge and practices.
The Parent Helpline and other telephone services were useful but accessed only by a minority of parents.
Health professionals (including doctors, nurses, midwives and therapists), although accessed frequently, came under the most criticism for usefulness, relevance and consistency of information.
Television and DVDs were common sources of information, with documentaries particularly useful and interesting. Specific parenting websites and Google searches were useful, but social networking sites were rarely used.
Parents identified time, cost, currency, relevance and location as potentially limiting their access to information. Factors facilitating access to information included publicity, credibility, relevance, incentives to attend, and clarity of presentation.

Preferences for accessing information
The diversity of parents’ preferences for accessing information indicates the need for a mix of strategies. The most mentioned preferred ways of accessing information were through: parent groups (for specific topics or like groups of parents), drop-in centres close to home and DVDs.
This information, together with that obtained from two other components of Stage 1, provide the foundation for the Final Project Report.
INTRODUCTION

This report highlights for policy makers the key findings of a national survey of parents with children birth to age eight, about:

- What parents currently know/understand about brain development in the early years, its implications for parenting and its importance to parents
- How and where parents access their parenting information and whether this meets their needs and
- How parents prefer to receive this information.

The survey is a component of the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) project Engaging Families in the Early Childhood Development Story, which is a part of the Council of Australian Governments’ National Early Childhood Development Strategy. Engaging Families aims to better engage parents, carers and the community to increase their understanding of evidence-based information from the neurosciences about early childhood development and thereby influence their interactions with children to maximise early childhood outcomes. It also aims to support public understanding of the scientific rationale for early childhood development initiatives and raise awareness of available services and programs.

The evidence base from the neurosciences about early childhood development demonstrates that quality interactions during the earliest stages of life play a crucial role in shaping a child’s perceptual, cognitive and linguistic ability, their physical, social and emotional development and physical and mental health, activity, skills and behaviour in adult life. By promoting positive early development, many aspects of disadvantage, including later learning problems and developmental delays, can be reduced. This is because early experiences influence brain architecture, function and capacities. It is critical that this knowledge and, most importantly, its practical implications for parenting, are made universally accessible and understood by parents, families, service providers and communities.

The Engaging Families project is designed to explore how to convey key messages about early childhood development from neuroscience research to all parents, including how the information should be adapted to reach specific groups to ensure that a universal understanding is possible. The project has been designed so that the nature of the key messages and the methods of communicating them takes into account the following groups:

- Remote and regional communities
- Families with culturally and linguistically diverse backgrounds
- Refugees and new immigrants
- Indigenous communities
- ‘Hard to reach’ families/parents/carers.

This report presents results and analysis from the survey (questionnaire and focus groups). The report aims to provide relevant information to inform national and state strategies, target information to priority groups, help define shared communications objectives and clarify parenting attitudes and behaviours that will help young children reach optimal outcomes. Findings are presented in the context of the following key
messages identified in *Neuroscience and early childhood development: Summary of selected literature and key messages for parenting* (MCEEC DY A, 2010).

- The first five years last a lifetime
- Good nutrition, health, and exercise are critical
- Children are born ready to learn
- The best learning happens in nurturing relationships
- The brain develops through use
- Children’s wellbeing is critical to brain development and learning
- Children learn through being engaged and doing
- Children learn from watching and copying
- Children’s self control is critical for learning, responsibility and relationships
- Children learn language by listening to it and using it
- Children are born ready to use and learn mathematics.
BACKGROUND

In March 2009, at the MCEETYA Early Childhood Ministers Satellite Meeting, the Ministers agreed in principle to the development of a national project titled, *Engaging Families in the Early Childhood Development Story*, to be developed as part of the National Early Childhood Development Strategy.

The overall project aims to build understanding among parents, other primary carers and the broader community of the importance of early childhood development to whole of life pathways by:

- Affirming the role and contribution of parents and carers
- Publicising the evidence base underpinning the importance of early childhood development
- Building support in communities
- Promoting the importance of investing in the development of children.

The project is planned in three stages:

- Stage 1 – Research and identification of key messages
- Stage 2 – Campaign and communications strategy development
- Stage 3 – Campaign delivery and communications strategy implementation.

This report is a critical part of Stage 1 which is designed to provide the foundation for the development of the contingent campaign and communications strategy (Stage 2). However, it is also capable of standing alone should a decision be made not to proceed to Stage 2. The information derived from Stage 1, would also be useful in informing future COAG initiatives as well as state and territory strategies designed to engage parents and increase their understanding of early childhood development.

It links directly to one of the six reform areas of the National Early Childhood Development Strategy – *Engaging Parents and Community in Understanding the Importance of Early Childhood*. The *Engaging Families* project is also closely aligned with one of the guiding principles of the National Quality Standard, *The role of parents and families is respected and supported*.

The South Australian Department of Education and Children’s Services (DECS) is managing Stage 1 of the project on behalf of the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA).
SURVEY METHODOLOGY

The methodology for the survey combined both quantitative (questionnaire) and qualitative (focus groups) methods to discover what parents understand about early childhood development, how they access information regarding early childhood development and how they prefer to access information. During April and May 2010, 321 telephone interviews and 11 focus groups were conducted nationally with parents of children aged birth to eight.

The thematic elements of the questions developed for both the questionnaire (Appendix D) and the focus groups (Appendix C) were drawn from the project proposal’s research questions and the key messages identified in a review of neuroscience research (MCEECDYA, 2010). The guiding questions for the focus groups were broad and open ended to encourage all participants to freely express feelings and opinions, draw out shared understandings, gather rich insights and raise perspectives that may not be revealed in the telephone interviews. The pre-coded written questions for the telephone interviews were more fine grained, closed questions, often a subset and a critical indicator of understanding of one of the key messages. The telephone interview questions required forced choice responses in an attempt to gather a more specific but less detailed level of data.

Sample

National samples of parents with children aged birth – 8 years were asked to complete a quantitative questionnaire or take part in focus groups. The samples were recruited to reflect the priority or ‘hard to reach’ groups identified in the project’s proposal and added to by the project’s Steering Group: An additional group (families who were not members of any priority group) was included by the researchers. The groups were:

- Indigenous families
- Families with low incomes or living in poverty
- Refugee families / Culturally and Linguistically Diverse families
- Families with child protection issues
- Geographically isolated families (remote and regional)
- Grandparents with a primary carer role
- Fathers
- Teenage parents
- Families who have children with disabilities
- Non-priority – families who were not members of any of the above groups.

Questionnaire

A post-stratified sample for the telephone interviews was obtained by the research consultancy firm Colmar Brunton which contacted parents using random dialling. Willing parents who had children in the target age range and belonged to one or more priority groups were interviewed. A minimum target of 40 completed interviews was achieved for each priority group (excepting refugee / CALD families for which 38 interviews were completed). Overall, a total of 321 parents were interviewed.
### Telephone interview participants (N = 321)

<table>
<thead>
<tr>
<th>Priority group</th>
<th>Definition</th>
<th>Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous families</td>
<td>Families in which at least one member is of Aboriginal or Torres Strait Islander origin</td>
<td>42</td>
</tr>
<tr>
<td>Families with low incomes or living in poverty</td>
<td>Gross household annual income is less than $30,000 per year</td>
<td>131</td>
</tr>
<tr>
<td>Refugee/CALD families</td>
<td>At least one member of household is a refugee</td>
<td>38</td>
</tr>
<tr>
<td>Families with child protection issues</td>
<td>A member of the household has had issues relating to child protection</td>
<td>45</td>
</tr>
<tr>
<td>Geographically isolated (remote and regional) families</td>
<td>Families in rural areas</td>
<td>58</td>
</tr>
<tr>
<td>Grandparents</td>
<td>Grandparents are carers of the children</td>
<td>45</td>
</tr>
<tr>
<td>Fathers</td>
<td>Any person identifying as a father or step-father</td>
<td>62</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>Parent is aged under 20 years</td>
<td>40</td>
</tr>
<tr>
<td>Families with children with disabilities</td>
<td>Households where at least one child has a disability</td>
<td>74</td>
</tr>
<tr>
<td>Non-priority</td>
<td>Families without any of the above characteristics</td>
<td>40</td>
</tr>
</tbody>
</table>

* Numbers column sums to more than 321 because some participants belonged to more than one priority group.

### Focus groups

Eleven focus groups (semi-structured group interviews) were conducted across Australia. The lead agency for the project in each state/territory had the responsibility for selecting and organising one (or more) priority groups and identifying between five and 10 participants to take part in the focus group. A total of 90 participants took part in the groups.
Focus group participants (N = 90)

<table>
<thead>
<tr>
<th>Priority group</th>
<th>Number male</th>
<th>Number female</th>
<th>State / Territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous families</td>
<td>4</td>
<td></td>
<td>Northern Territory</td>
</tr>
<tr>
<td>Families with low incomes</td>
<td>3</td>
<td>6</td>
<td>Tasmania</td>
</tr>
<tr>
<td>Refugee/CALD families*</td>
<td>9</td>
<td></td>
<td>Victoria</td>
</tr>
<tr>
<td>CALD</td>
<td>1</td>
<td>5</td>
<td>South Australia</td>
</tr>
<tr>
<td>Families with child protection issues</td>
<td>9</td>
<td></td>
<td>South Australia</td>
</tr>
<tr>
<td>Remote &amp; regional</td>
<td>10</td>
<td></td>
<td>South Australia</td>
</tr>
<tr>
<td>Grandparents as carers</td>
<td>1</td>
<td>7</td>
<td>New South Wales</td>
</tr>
<tr>
<td>Fathers</td>
<td>9</td>
<td></td>
<td>Western Australia</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>11</td>
<td></td>
<td>Western Australia</td>
</tr>
<tr>
<td>Families with children with disabilities</td>
<td>10</td>
<td></td>
<td>Queensland</td>
</tr>
<tr>
<td>Non-priority</td>
<td>5</td>
<td></td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>76</strong></td>
<td></td>
</tr>
</tbody>
</table>

*As a majority of participants in this group worked in service provider roles, a second group of parents was convened in South Australia to test whether the findings generalised to other CALD parents.

The focus groups were conducted by the project researchers in the participants’ local community to engender a feeling of familiarity and comfort for the participants (Appendix A). The sessions took between 60 and 90 minutes. Guiding, open-ended questions were used to provide opportunities for ‘the voices’ of parents to be heard. Detailed notes were taken by one of the researchers and audio recordings were made with the consent of the groups for the purpose of elaborating on the written notes.

Confidentiality and informed consent

All participants gave informed consent, indicating that they were aware of the topics to be discussed, that they understood that their participation was voluntary, and that what they said would not be stored or reported in a way that could allow someone to identify them, their families, or their community. Consent forms (Appendix B) will be retained for a period of seven years (following NHMRC guidelines) in a locked cabinet at DEEWR, separate from the results.
Data analysis

In analysing the data, an interactionist approach (used to review the neuroscientific/biological research for the *Neuroscience and early development* report) was used to understand the importance of the parents’ contexts (families, settings, neighbourhoods – culture, resources, relationships, understandings) and synthesise their responses. Analysis of the qualitative data collected in the focus groups was a cyclical process involving reduction (classifying and categorising), organisation and display (assembling data and presenting results), and interpretation and verification (identifying patterns, trends, making explanations and drawing conclusions and checking for inter-subjective consensus). In the focus groups there was very little divergence in the views of respondents in any particular group. One comment therefore, generally reflects a shared understanding of the group. Where there were divergent and alternate views, these were noted.

Statistical analyses of quantitative data were performed using PASW Statistics Version 17.0 (SPSS: An IBM Company, 2009). Where significance tests are reported, Pearson chi-square tests were used with p-values greater than .05 (two-tailed) indicating a statistically significant result.
KEY FINDINGS

Throughout this report italicized font in the text indicates a quoted statement from participants in the survey.

KEY QUESTION: What do parents currently know/understand about brain development in the early years?

A large proportion of human brain development takes place after birth as a result of interactions with the environment (Shore, 2001). The brain develops and organises its function in direct response to the pattern, intensity and nature of sensory and perceptual experiences. As a consequence, it is now understood that the impact of early experience has a greater influence on development than heredity (Shore, 2001). The implications of the findings from neuroscience, therefore, place a premium on the quality of relationships and learning environments for babies and toddlers.

– MCEECDYA (2010:7)

While no reference was directly made by parents to neuroscience per se, there was a broad understanding amongst all groups and most parents that experiences and the environments in which children grow up make a difference to the outcomes for children. The grandparents felt that in a foster care situation, the young children can already be set in a mould and that it takes, time, repetition, and consistency between carers to change. They felt it was much more difficult for a child to change challenging behaviour than it was to learn it in the first place.

Some parents felt you can change your child’s brain development a lot, through reading to them, playing, and bonding. Understandings included:

Genetic potential means nothing if not harnessed by the environment. (Child Protection)

It’s more than genes. The brain is trying to take in so much information, it’s their biggest learning time. I don’t work very often so that I can help them – having someone around to learn values/morals, give them time with you, being involved with the kindy, being there to pick them up/drop them off. (Regional)

You can help it [brain development], otherwise it [parenting] is a waste. (Remote)

When asked directly about their knowledge of brain development responses included comments like I don’t know much about brain development. Some parents reported that they had done specific courses about, for example:

Gross/fine motor development, milestones – I’ve done a few programs. (Low Income)

They need mental activities, read to them as soon as they’re born, just talk to them, sounds, facial expressions that are at the same pace as you talk to them. (Grandparent on what she had learnt at a foster carer course on brain development)
KEY QUESTION Brain development: What are its implications for parenting and how important is it to parents?

The strength and quality of the relationship between parents (and close family) and their children is being seen as fundamental to the effective development of children's brain architecture, functions and capacity (Fogel et al., 2009). Specifically, a lack of positive relationships, inadequate supervision of and involvement with children are strongly associated with children's increased risk for behavioural and emotional problems (see for example Shaw et al., 1996; Frick et al., 1992; Patterson et al., 1992 in Oates ed., 2007). Bradley (2002) too found that parenting practices such as reading to children, using complex language, responsiveness, and warmth in interactions are all associated with better developmental outcomes.

– MCEECDYA (2010:11)

Telephone interview findings
Do you agree that compared to children’s genes, a parent cannot make much of a difference to how a child’s brain develops?

- Almost one in five parents believed that parents cannot make much of a difference to how a child’s brain develops
- However, most parents (71.9%) disagreed with this view
- Refugee/CALD parents and grandparents were more likely than other parents to agree that parents cannot make much of a difference (44.7% and 33.3% respectively)¹
- Fathers were more likely than other parents to disagree with this question (87.1%)².

Focus group findings
With little exception, the Focus Group parents were positive about their role as parents and positive about the contribution they made to children’s early learning and development and longer term outcomes. Many parents alluded to the very important role they had in children’s development and took this seriously.

As a parent you’re responsible for a lot of things. (Non-priority)

They would lay dormant without you, without doing things with them. (Low Income)

We are their main influence, that’s why I am a stay at home mum. A certain percentage is genes, but what you actually do matters. They observe you, copy what you do. (Regional)

¹ Refugees $\chi^2 = 17.25, p < .001$; Grandparents $\chi^2 = 6.68; p = .035$
² $\chi^2 = 8.78, p = .012$
We have a lot of influence; we make the world of difference. (Low Income)

You can make changes (others agree). If you have a damaged child, you can turn that around, that little [damaged] child disappears. When we first got our grandchild, she copied her mother and was abusive towards other people, but not anymore. (Grandparents)

They copy everything we do…suppose it’s also a bit to do with genetics, half and half. (Regional)

Very important, they take in the most at this time, grow so much, they take in everything, get lots of basic information at this time, steer them in the right direction. Q: How do you know this? Just heard it so many times, must be some truth to it. (Regional)

You are the main person for them, most learning happens during this time, they soak it up, relationships are critical. (Regional)

Many parents, especially young mums, are not doing this [caring responsibly for their children]. It’s a role taken on by grandparents. (Indigenous)

You are a major influence, environment is important, you can mould them. Once they go to school, you have less influence. (Remote)

While influences outside of the family were a concern to many parents, others were bothered by the thought that they might be wholly responsible for their child’s development.

I think you can affect [how kids grow up], but it’s not everything, you think ‘I hope I haven’t mucked it up’. Somewhere in between the two extremes we can affect their potential, hopefully not the opposite. (Fathers)

Sometimes you get it right and hopefully you don’t kill them. (Fathers)

It’s a big fear, my god everything I do will affect them, especially if they can’t do something, developmentally. (Non-priority)

They need your support, which is why I have stayed at home with them rather than go back to work. (Remote)

A recurring comment was that many parents had limited time to devote to exclusive interaction with their children. A few parents also stated that how children will turn out can be unpredictable and some were not convinced of the importance of what they do. For example:

Some people do everything perfect and it didn’t work. Other people didn’t do it and had good babies. (Child Protection)

No way to know if we can change brains. (Remote)

That’s a hard one – disadvantaged kids can get to the same point as richer kids if they just play with a cardboard box. You can definitely make a difference but how then does that explain the disadvantaged kids that do well. (Non-priority)

Many parents across the groups also expressed an understanding that children learn from everything that happens to them (Remote), not everything has to be learned at home and vice versa, not everything has to be learned at school and grandparents are important (Indigenous). Crèche, playgroup, childcare and preschool were also mentioned.
There were a number of times that parents expressed a sense of guilt if they didn’t do the ‘right thing’.

Some messages make you feel guilty because for some kids it doesn’t make a difference or not whether they do something, e.g. eat healthy – my kid can eat anything he wants and he’s always skinny. (Non-priority)

We’re always being told that it’s the first 5 years that are the most important, makes you feel guilty. (Low Income)

Reading and talking to them from birth: sometimes I can’t always do it and I feel terrible. (Remote)

In two groups (Disabilities and Low Income) there was a feeling that a lot of parenting was instinct and some agreement that not every parent has instinct and therefore classes were useful. Illustrative comments included:

Many parents do this naturally, but it’s important to do them explicitly as taught skills/tools when barriers prevent you from doing them naturally. (Disabilities)

People assume that when you are a mother, you will just know what to do – I didn’t. (Disabilities)

Reading books and stuff though, it’s just instinct. Not all people have instinct though. (Low Income)

I chose to go to classes, that’s how I know about it, but generally nobody knows this stuff. (Low Income)

Parents in the Child Protection group expressed strong feelings about wanting to be the best parent they could, and raising their children in environments different from their own childhood experiences with comments, such as:

I want to be a different role model from my mother.

I really liked learning more than one style of disciplining my kids, knowing how to do it better. I’ve changed so much. It led me to pay more attention to how I act. I tell their dad and he does it and he tells his mates.

I’ve learned from the group to pull myself up from swearing.

I used to be hit and bashed, so I won’t do it and won’t let my husband do it. (Child Protection)
KEY MESSAGE The first five years last a lifetime

Because of the brain’s plasticity during the early period of rapid development, the younger the child the more vulnerable is their developing brain to the effects of the environment. Adverse environments can be particularly harmful and have long lasting effects, altering the developmental trajectory of a child’s learning (Goswami, 2008).

– MCEEC DYA (2010:14)

Telephone interview findings

How much difference do the first 5 years of a child’s life make for their learning compared with what happens when they get older?

- Most parents believe the first 5 years are important for children’s learning
- 18.4% of refugee/CALD parents said that the first 5 years were not very important for children’s future learning, compared with 3.7% of other parents.

Focus group findings

Parents were quick to talk about the importance that the first five years have on the rest of children’s lives. Many parents talked about these early years being ‘crucial’, ‘critical’, ‘essential’ and remarked on how quickly children learn at these ages.

From when they’re born to when they’re two, the brain is still wiring so you pump them as much as you can. (Fathers)

We’re always being told that it’s the first 5 years that are the most important. (Low Income)

Crucial, [first five years are] when you do your hardest yards. Lot of foundations are set in the first 5 yrs. Social skills, they establish behaviour that carries on for the rest of their life. (Non-priority)

Studies show that the brain’s a sponge – especially 5 years but up to 12 years. (Remote)

It’s [the first five years] the foundation, learn things. It’s when you instil in them to embrace life, to explore, to learn, to be human beings. (Remote)

Parents who had a child with a disability spoke about how critical it was to intervene early if children have developmental disorders.

You need to intervene early. Twelve months goes past before a therapist turns up, then when they do you just see exponential change. Goes for any kid whether or not they have a problem. (Fathers)

\[ \chi^2 = 25.82, p < .001 \]
The majority of parents believed that the first five years last a life-time, either because they felt this from watching children grow up or because they have received this message from other sources. It is unclear whether this knowledge of the importance of the first five years leads parents to provide optimal experiences for their children. The level of knowledge parents had about development during the early years, and in particular, knowledge of brain development, depended on whether they had attended parenting groups which taught this knowledge, had met extensively with specialists (as was the case for the children with disabilities group) or had worked in the health or education sector. Parents without the benefits of such learning knew that the first 5 years were important, but generally did not elaborate as to why.

Generally, the level of understandings was not deep or detailed and was more aligned to a traditional developmental rather than contemporary neuroscientific view of early childhood (see Appendix E). For example, I know a lot it...about gross and fine motor skills, developmental milestones...I've done a few different programs (Low Income). Very few parents indicated any specific knowledge about the relationship between brain development, plasticity and long term outcomes. However, many knew about warmth, attachment, reinforcing things in a positive way, setting clear boundaries, and play and observation as vehicles for learning. A number of parents raised, quite legitimately, a number of other sources of influence over their parenting and their children. They wanted practical ways of dealing with the things they were encountering with their children. This included better access to services, and more easily accessible support when they have a problem.
KEY MESSAGE Children are born ready to learn

Neural systems are created, organised and changed in response to experience through the lifecycle, beginning soon after conception (Perry, 2002).

The in-utero period is critical for the development of neuron function and pathways. Through experience, before and after birth, the neurons specialise and connect to organise into functional systems.

– MCEECDYA (2010:15)

Telephone interview findings

How important is it to read books to children before they are 4 months old?

• More than a quarter of parents were not aware of the importance of reading to very young children
• The fathers group were less aware of the importance of reading to infants than the other parent groups – 38.7% answered ‘not much’
• Teenage parents were less likely to say that reading to infants was not important (12.5%), instead tending to select the middle option.

Focus group findings

Parents from all groups were aware that children learn from birth and made comment about how much children learn before they start school. A common theme was how very young children were like ‘sponges’ and how much they learn before they start school. Comments that demonstrate the broad understandings across the groups about early learning include:

They learn more up to the age of 5 than in university. (Teenage Parents)

From babies to age two, their brain is still wiring so pump them as much as you can. (Fathers)

In the first 12 months they are little sponges. (Remote)

When they are babies they learn from hearing your voice, smell, bonding, how to drink milk. You can teach really little kids. (Indigenous)

They learn all the skills they need before they are 5. (Low Income)

I’m amazed by my 3 year old who recognises all different words in books. (Child Protection)

\[ \chi^2 = 5.57, p = .018 \]

\[ \chi^2 = 4.76, p = .029 \]
KEY MESSAGE Good nutrition, health, and exercise are critical

A number of significant studies over the last two decades, (see for example Meyers et al., 1989; Wesnes et al., 2003) demonstrate that having good nutrition (including a good breakfast) with adequate intakes of vitamins, minerals and essential fatty acids can improve learning capacity and reduce antisocial behaviour.

Some emerging research is beginning to suggest that there is a positive link between exercise, brain development and learning (see for example Hillman et al. & Winter et al., in Howard-Jones, 2008).

Neuroscience is providing evidence that sleep is a period of considerable neurologic and physiologic activity (Zee & Turek, 1999 in Davis et al., 2004), involving higher cortical functions (Horne in OECD, 2007; Dahl, 1998, in Davis et al., 2004). Sleep is believed to play a role in learning and processing of memory, and central nervous system repair (Zee & Turek, 1999 in Davis et al., 2004).

– MCEECDYA (2010:14)

Telephone interview findings
Do young children get all the nutrition they need whether or not they eat breakfast, fresh fruit and vegetables every day?

• Close to 80% of parents disagreed, a sign that most have sound knowledge of healthy eating practices

• However, 17.8% of parents said that it was not essential that children eat breakfast, fruit and vegetables every day

• Indigenous (31.0%)\(^6\) and refugee/CALD parents (44.7%)\(^7\) were more likely than others to agree with this question.

\(^6\) \(\chi^2 = 7.10, p = .029\)

\(^7\) \(\chi^2 = 24.98, p < .001\)
Is it important that children go to bed at about the same time every day?

- A clear majority of parents (87.9%) agreed that children need consistent bed-times
- Few parents explicitly disagreed (5.6%)
- A higher proportion of refugee/CALD parents disagreed (13.2%) than other parents.

Focus group findings

Parents were well aware of specific health messages about harm posed by smoking cigarettes around small children and drinking alcohol (at any stage) during pregnancy.

_I try not to smoke in front of her. Try to associate the word ‘yucky’ with smoking and drinking._ (Child Protection)

_Knowledge about foetal alcohol syndrome has changed – it used to be alright to have one drink._ (Low Income)

_Alcohol has a huge effect on a little body. Alcohol keeps recycling through the amniotic fluid, my midwife said._ (Low Income)

One parent was frustrated that her family did not listen to her when she told them that it was harmful for them to smoke around her children (they just say you’re wrong) and said that there was a need to provide information to persuade the whole family.

There was a general understanding that regular and adequate sleep and nutrition was important – _getting children to bed at the right time, and sleeping habits are really important right from the start_ (Teenage Parents). As another example, _relationships plus sleep are the two main things, sleep is vital. It’s when they grow and develop_ (Remote). However, a number of parents had problems getting children to sleep when very young and difficulty in ensuring sleep and eating practices consistent with the neuroscience messages.

_Once they start school it is easy, they learn about it, at preschool they have to take a piece of fruit to share, they get institutionalised and then you’re forced to be sensible._ (Non-priority)

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^8 \( \chi^2 = 7.21, p = 0.27 \)
Although parents could generally cite health messages consistent with neuroscience findings, other priorities interfered with them applying the messages.

*Health, nutrition, sleeping, exercise – routine is really important, but you can be too strict and then all hell breaks loose.* (Remote)

*Domestic violence and alcoholism – they [mums] don’t care. They just want to drink and be stupid. Not a matter of them not having the information most stuff is just common sense.* (Indigenous)

*The messages like the exercise messages, healthy eating do get through – like the one about how much TV they should watch. It says they should only watch one hour of TV and I think they’ve been watching it for 2 hours! Yeah, but sometimes, if they’re happy, you’re not too worried, you’re surviving.* (Non-priority)

*You go with the one you feel will be best for your child. If it doesn’t work you try something else – trial and error. You decide which ones are more beneficial. It depends on the child you see what works best.* (Child Protection)

*If a lolly or a biscuit works to make them happy, improve their behaviour, you’d be mad not to do it. Yeah, food bribes are massive in our house.* (Non-priority)
KEY MESSAGE The best learning happens in nurturing relationships

Responsiveness and sensitivity of care of very young children has been found to be a major predictor of effective brain development and social emotional functioning (Shonkoff et al., 2005; Sroufe et al., 2005; NSCDC, 2007a; Perry, 2002). Children exposed to consistent, predictable nurturing and rich experiences will develop neurobiological capabilities that will increase the child’s chance for good, long term health, happiness, productivity and creativity.

– MCEECDYA (2010:16)

Telephone interview findings

How much do young children gain from knowing what is going to happen during their day?

- More than half of all parents believed that children gained ‘a lot’ from a daily routine
- 15.3% did not believe this was important
- Refugee/CALD parents were more likely to be among those who did not agree that children needed to know what was going to happen during their day – 31.6% answered ‘not much’.

Do you agree that you need to be strict with a baby otherwise you will spoil them?

- Close to a third of all parents agreed that parents should be strict with infants
- 55.8% disagreed
- 50% of refugee/CALD parents said that parents need to be strict with a baby to avoid spoiling them.

\[ \chi^2 = 8.67, p = .003 \]
\[ \chi^2 = 6.46, p = .04 \]
How much touching – such as holding, rocking and cuddling – do very young children need?

- Generally, parents believed that children need a great deal of physical touch and affection
- Refugee/CALD families were over-represented amongst parents who answered 'not much' physical touch was needed (26.3%)11.

Focus group findings

Parents generally believed that relationships with caregivers were critical for young children with participants mentioning that:

- A loving environment is hugely important. (Regional)
- Relationships are very important for brain development. (Grandparents)
- Interaction between mother and child is vital for their brain. (Remote)
- Relationship with parents is important, being there for them, security, if they don’t have this it will affect them later on, especially as teenagers. They need to trust and get along with parents otherwise it is hard to make a relationship with anybody. (Regional)

When asked why the quality of their relationships with their children was important, most parents talked about trust, confidence and independence being important for socialising and exploring the world. For example:

- Their relationship with you is important for their social development, confidence, self esteem. It helps at school. It’s an individual thing too. If they’re introverted they’ll need more encouragement to go out and try things. (Non-priority)

The few parents who had knowledge of the scientific basis for attachment, both biological and behavioural patterns, either worked in a relevant area or had participated in intensive parenting workshops. This said, parents suggested that most parents are naturally attentive, warm and involved with their children. However, it was thought by parents to be important to support other parents who lacked this basic awareness.

- Many parents are naturally warm and attentive, but it’s important to do them explicitly as taught skills or tools when things prevent you from doing them naturally. (Disabilities)

11 (26.3%; \( \chi^2 = 20.60, p < .001 \))
The Child Protection group stated clearly how important they felt it was for children to be attached to and have contact with a male figure in their life.

They [children] need a male role model. It’s very important. They listen more to a male parent, a good father figure, and it’s important to have a male model and learn to interact with other male children. However kids are variable. It can be anyone that is a stable person in their life that they can look up to, like grandpa, anyone.
KEY MESSAGE The brain develops through use

The brain’s ability to adapt in response to environmental stimuli, throughout life, is termed plasticity...At birth, the brain has developed to the point where environmental cues mediated by the senses play a major role in determining how genes are expressed, that is, how neurones will adapt and function (Perry, 2002:86; NSCDC, 2007a).

– MCEECFYA (2010:18)

Telephone interview findings

Does watching children’s television programs help children’s brains develop better than playing?

- One-quarter of parents agreed that television helps children’s brains more than playing and another quarter were undecided
- 50.5% of parents disagreed that television was better than play
- 50.0% of refugee/CALD parents said that television was better for children than playing¹²
- It is unknown what influence parents’ attitudes had on children’s actual activities.

Focus group findings

Generally, parents understood that the brain developed through use with one mother commenting that if you don’t use it you can lose it (Remote) and one father commenting that children pick up stuff like a sponge, they’re learning every minute You don’t have to teach them. They like routine and want to help (Fathers). Most parents commented that they had a great deal of influence over how their children grow up and many parents talked about activities that assist young children to learn and the importance they placed on children being part of what’s going on or letting them help (for example putting nappies in bins) (Fathers) and including them in what you’re doing, like cooking, gardening or taking them out, showing them things (Teenage Parents). The teenage parents also felt that practising with children and repetition helped them learn.

¹² $\chi^2 = 16.37, p < .001$
KEY MESSAGE Children’s wellbeing is critical to brain development and learning

Wellbeing incorporates the integration of physical, social, emotional, cognitive and spiritual aspects of development. Neuroscience is now providing evidence of the interrelatedness of emotion (complex reactions which arise from cerebral processes) and cognition, which provides the platform for wellbeing. Social and emotional capacities are being recognised as equally as important as cognitive capacities as indicators of healthy brain development and as predictors of academic achievement (Halfon et al., 2001: 17).

Stressful experiences can be beneficial or harmful to the developing brain. The outcome will depend on the body’s response, based on past experience and availability of support.

– MCEECDYA (2010:20-22)

Telephone interview findings
Should parents comfort a baby quickly every time they get upset or cry?

- Just over a third of parents were confident that parents should immediately respond to a baby’s cries
- 51.1% of parents disagreed with this view, 7.8% strongly
- Refugee/CALD parents were more likely to agree that babies should be comforted quickly (76.3%)\textsuperscript{13}.

Focus group findings
All groups of parents were keenly aware of the importance of wellbeing to children’s successful relationships and life at school. Parents felt that being confident and happy provided children with a willingness to talk to people you don’t know, take turns, plus speak up, wait, and have a level of concentration to remember what you were going to say (Remote) and that if they are happy, engaged, comfortable, they will learn (Remote). Parents also felt that children:

\textit{Need to know how to interact, be confident, happy and comfortable, involve themselves in play, fit in socially, have friends, as it helps to cope with the school work – not so much for academic reasons, but for confidence.} (Regional)

\textsuperscript{13} \chi^{2} = 32.9, p < .001
Play and social skills are good for learning, hard to concentrate if they can’t do this. Dealing with emotions is important, so is being able to deal with other kids’ misbehaviour. (Regional)

Attitude is important: love to play, happy, feel safe, want to go. If they don’t like school this creates barriers. (Teenage Parents)

If children are not socially and emotionally ready they won’t be able to learn, follow and listen. (Non-priority)

Some of the families who participated in the focus groups had experienced periods of stress and have since been helped by a great deal of intensive support. Most parents were keenly aware of the harmful effects of toxic stress on young children, although only one group (Grandparents) mentioned that it can affect brain development, mentioning that it blocks or slows it down, you can’t just let them go on and get over it, they’re not an adult. Comments parents made about the harmful effects of stress included:

If the parents are stressed, the kids pick up on it. (Low Income)

They play up more. They don’t learn to their fullest potential, my eldest can’t learn now as much as he’d like. (Low Income)

My daughter will not play in the playground or socialise, she won’t put her hand up for help, she only has one friend. (Child Protection)

My son’s not socialising properly due to my relationship with my ex. He’s always letting off tension and stress. (Fathers)

If they’re too stressed it can affect them physically, like it does an adult. (Non-priority)

They can be nervous, confused, sulky, quiet. It can affect learning, He takes it out on us (‘you’re not my mum!’). Frustrated. Each child is different. (Grandparents)

They will copy it. You’re teaching them the wrong way to resolve conflict. (Regional)

Consistent with the neuroscience literature, the group of Indigenous women talked about the role of extended family acting as a buffer to the stresses in children’s lives. With this support, children were thought to be able to overcome stress.

Aunties, carers, grannies have to step in and care for kids. Relatives can come and stay, are always welcome, no matter where you are or what time of the night it is. Stress makes them stronger, can make them want to achieve something later on. (Indigenous)

A key question is whether all families who are stressed know what it is doing to their children, and if so, are they able to change anything? Would it just add guilt and worry? None of the families mentioned public media campaigns such as Don’t cross the line and Don’t fight in front of your kids. Is it a priority to help families regain control of their lives first before we can expect them to have the wherewithal to attend to good parenting messages?
KEY MESSAGE  Children learn through being engaged and doing & Children learn from watching and copying

Neuroscientists assert that children learn skills through two main strategies: practice (trial and error) and observation (imitation).

Play, more than any other activity, promotes healthy development of children. All learning (emotional, social, motor and cognitive) is accelerated by play. Exploratory play expands children’s experience, stimulating neural activity and changes in the neural networks and their sophistication. Play engages children’s attention, providing challenge, observation and opportunities for practice and success in the development of skills, creative problem solving, concepts and relationships (Perry, 2000).

Learning through observation and imitation is made possible by an action observation/execution matching system, or mirror neuron system which is a neurophysiological mechanism (Blakemore, Winston & Frith, 2004; Rizzolatti & Craighero, 2004). The mirror neuron system is implicated in a range of important cognitive processes including social cognition and interaction, language, art, action understanding, observational learning, theory of mind and empathy (Chong et al., 2008; Oberman et al., 2006; Iacoboni et al., 2005; Rizzolatti and Craighero, 2004).

– MCEECDYA (2010:22)

Telephone interview findings
Do you agree that exploring and playing is important for how children learn language and maths?

• 98% of parents agreed with this message.
Do young children learn how to act and behave from watching what adults and other children do?

- Only 3.7% of parents were unsure or disagreed that children learn by watching others.
- A higher proportion of refugee/CALD parents disagreed that children learn from observing others (10.5%).

Focus group findings

When parents were asked about how children learn, almost all parents agreed that young children learn through watching adults and other children, role modelling, through exploring and play, repetition, through the senses (music, touch, sounds, etc.), and consequences. The speed of children’s learning was also remarked upon by many parents. Comments made about children’s learning included:

Through role models, copying, look up to bigger kids and adults, more so what they see than what you tell them. (Child Protection)

They pick up stuff like a sponge, they’re learning every minute. (Fathers)

One of the ways you can help kids stop being a bully is they have to write apology notes. My kid hates that. (Child Protection)

Some parents also talked about encouragement as being important for learning.

They need love, confidence, motivation to go out and [take part / explore]… Every child needs encouragement. (Non-priority)

When they’re trying new things, you want to reassure them, but not push them too far. (Fathers)

Further discussion surrounded the specific ways that children learn. Most parents believed that it was important to read to children, speak with them, play with them and play music to them as soon as they were born. However, not all parents acted on this message consistently:

I read to one child straight away when she was born, however, my other child just screamed whenever I tried. I thought, why bother, does he even understand? Q: Does it matter if he understands? Not really I suppose, I’m just reluctant to read to him now. So my message is ‘don’t limit their world’. (Disabilities)

I never have enough time to play with them. (Low Income)

\[ \chi^2 = 9.78, p = .008 \]
This raises a question: How do you best help children when you have no time. An important message is that even a little bit makes a difference, promoting the importance of involving children in everyday chores. One group raised the question How do you read to children if you are not able to read? And offered the response:

- Spread word that you should just make it up, read in conjunction with the book show on TV. (Low Income)

Another group expressed concern for those isolated at home, particularly the culturally and linguistically diverse, and stated the need to encourage them out of the house so they can see from other parents how to talk with children (CALD service providers).
KEY MESSAGE Children’s self control is critical for learning, responsibility and relationships

Self regulation...is a key feature skill of being an effective learner by either directing or disrupting attention, problem solving and relationships (Cole et al. in OECD, 2007). Self regulation is critical to being able to create and maintain positive relationships, (OECD, 2007). It begins to develop with brain architecture and function from a very young age, with long lasting effects on children’s life chances, (Lexmond & Reeves, 2009).

The research of Shanker (in McCain et al., 2007) shows that learning self-regulation is a primary task of newborns and is only possible in nurturing relationships. By providing appropriate and changing stimulation in response to a baby’s states, moods, and interests, parents help the baby manage their level of arousal and build the networks for self regulation (Sroufe et al., 2005).

| – MCEECDDYA (2010:23) |

The following two questions relate to aspects of children’s regulation. The literature indicates that children are beginning to self-regulate by the time they start school. It is unreasonable to expect very young children to have the experience and brain development to know the difference between right and wrong and be able to regulate their behaviour accordingly. When parents use external controls and rewards, such as praising children for success rather than effort, this does little to encourage the development of a child’s internal locus of control, which is the basis of self-regulation.

Telephone interview findings

Should a one-year-old child understand the difference between right and wrong?

- 34% of parents agreed, including 10% who agreed strongly
- Fewer than half of the parents surveyed (48.6%) did not expect 1 year-olds to understand right and wrong
- Refugee/CALD parents were over-represented amongst those who believed that 1-year-old children should know the difference between right and wrong (60.5%)\(^{15}\)
- Parents who were not from a particular hard-to-reach / priority group (‘Non-priority’) were less likely to agree (12.5%)\(^{16}\).

\(^{15}\) \(\chi^2 = 15.61, p < .001\)  
\(^{16}\) \(\chi^2 = 9.73, p = .008\)
Should you only praise a child when they succeed at something?

- One in five parents agreed that children should only be praised when they succeed
- Most parents explicitly disagreed (73.9%)
- Parents who were refugees/CALD and teenage parents were more likely to agree with this statement (52.6% and 37.5% agreed respectively)\(^\text{17}\).

Focus group findings

When asked what children needed to be ready to succeed at school, parents overwhelmingly talked about children’s social and emotional development. Things such as making friends, being able to socialise, play, having fun learning, being confident to interact with other children and separate from parents were mentioned most often. Parents also stated that children need to be able to pay attention at school, listen to adults and some mentioned having at least some control over their behaviour. A few talked about gradually encouraging children to learn, explore and take initiative.

When parents were asked specifically about self-regulation, many felt that it was very important for making a successful transition to school and for learning. Illustrative comments include:

- They need to be able to get along with others, follow instructions, be disciplined and discipline self. (Regional)
- Demands for attention at inappropriate time – need to learn self-regulation, routine, timing. (Fathers)
- Important behaviours – teach them not to yell, have a routine, you start from 1 yr old with this though, they are not going to learn 4–5 year old things in one day. (Grandparents)
- While encouraging a sense of initiative it needs to be balance with self control. (Fathers)

Parents generally felt that learning to self-regulate took time and a lot of experience.

- You do this preparation very early, it’s a long process, doesn’t happen overnight, you go to story time at the library, occasional care, pre-entry helps, older siblings too. (Teenage Parents)
- Children learn from lots of things, listening to others, like swimming – getting used to a teacher, interacting with others and social things like having friends over. (Non-priority)

\(^{17}\) Refugee/CALD parents \(\chi^2 = 25.35, p < .001\); teenage parents \(\chi^2 = 14.95, p = .001\)
Although children, before school age, are still learning to control themselves, they’re not always able to, just important to be on the right track, help them work it out, how to talk about feelings. (Regional)

Children as young as three can tell they are doing the wrong thing. They just pick it up. (Indigenous)

Most parents believed that social skills and confidence were more important than reading and writing for children just commencing school. Only a few parents disagreed, saying that reading and numbers were equally important as socialising.

It is important to play, more important than academic stuff (do that at school). Social stuff is huge, like that they can play with others, writing can wait. (Non-priority)

Social skills, being confident to speak to teachers, this is more important because if they are happy, engaged, comfortable, they will learn. (Remote)

Importance is not on learning facts A to Z but to be free thinking, independent, confident. (CALD service providers)

The primacy of social and emotional aspects of development is firmly entrenched with parents. A key question is: Does this translate into the type of parenting behaviours recommended by the research? Most frequently mentioned was providing opportunities to interact with other children to learn skills and language through playgroup, day care and kindergarten. Parents were concerned for children who did not have the opportunity to learn to socialise at these programs, namely children living on remote stations and those families who were culturally isolated due to language or did not believe that these experiences were important.
The brain is biologically primed to acquire language (OECD, 2007:85). It has been found that the acquisition of speech sounds begins around (or prior to) birth (OECD, 2007:44).

There is strong evidence that reading and talking in early childhood has a significant effect on language skills at later stages of development (Brewin in McCain et al., 2007; Hart & Risley, 2003).

— MCEECDYA (2010:24)

### Telephone interview findings

**How much should adults talk to babies before they are 3 months old?**

- Most parents were well aware of the importance of speaking to young children
- Results suggest that refugee/CALD parents were less likely to be aware of the benefits of talking to children from a young age – 23.7% answered ‘not much’.

### Focus group findings

All groups felt it was important to talk with and read to young children, although ideas on what age to commence this varied between groups. On the whole parents agreed that it’s important to talk with children from birth – even if people look at you like you’re a twat (Low Income). Some parents made comments about the quality of talk referring to speaking to children like they are people, like they hear you, words are clear, don’t need to talk slowly (Fathers).

Some parents volunteered comments about how children learn language which included:

- *Language improves through more engagement. Singing too.* (Fathers)
- *Being immersed, TV shows, talking, music, other kids, you’re a role model. I know this from experience.* (Non-priority)
- *They learn by watching, copying, like parrots. We show them by being a model and talking. It’s important to talk to them from birth, babble with them all the time.* (Regional)
- *There are a range of [Aboriginal] languages. They get mixed together, learn bits from others’ regions. Sometimes the links are broken as people don’t live in their homelands. Boys learn father’s language at 14 to 15. It’s not hard to learn. They don’t have deliberate lessons. They are immersed in it, spending time with men’s business.* (Indigenous)

18 $\chi^2 = 47.65, p < .001$
Some groups (Teenage Parents, Remote, Child Protection), felt it was important to read to children from birth, although a number of parents (Child Protection, Remote, Non-priority, Disabilities) said even though they knew they should, they didn't, as is illustrated in the following comment:

*I read to one child straight away when she was born, however, my other child just screamed whenever I tried – I thought, why bother, does he even understand?*  
(Disabilities)

Parents from the Regional group had a range of views about when parents should start reading to their children once the child could sit up, from 5–6 months of age when they start to recognise things, or wait til about 14 months when they can sit and look, but you can do singing/rhymes a bit earlier.
KEY MESSAGE Children are born ready to use and learn mathematics

There is evidence that babies have a quantitative sense (Ferigenson et al., 2004 & Wynn, 1998 in OECD, 2007), can discriminate between numbers with high ratios and perform mathematical operations including approximate calculations (McCrink & Wynn, in OECD, 2007:99), leading to the conclusion that babies are born with an intuitive inclination to use number to understand their world.

– MCEEDYA (2010:25)

Encouraging children in their early years to help with household chores can help them develop mathematical concepts such as counting, sorting, ordering, classifying and one to one correspondence.

Telephone interview findings

How much difference does it make to how well children learn at school if they do jobs with you around the house when they are little (like sort clothes, set the table and put shopping away)?

- Including children in household tasks was widely accepted by parents as an important way that children learn
- 17.8% of parents with child protection concerns, 19 14.5% of fathers, 20 and 31.6% of refugee/CALD parents 21 answered ‘not much’, signalling that they did not identify these sorts of activities as important for children's learning at school.

Focus group findings

Generally, parents had little to say about mathematics and being numerate. However, they did make a few comments about it being more important to play and learn to socialise rather than learning to read, write and do numbers prior to starting school.

*It is important to play, more important than academic stuff (do that at school). Social stuff is huge, like that they can play with others, writing can wait.*
(Non-priority)

*Social is important [for starting school], kindy is great for that – start talking and playing with other kids. Literacy comes later, good enough if they can write their name [when they start school].* (Regional)

One father who used a Montessori service felt that numbers were equally important as socialising.

\[\chi^2 = 8.03, p = .005\]
\[\chi^2 = 5.51, p = .019\]
\[\chi^2 = 36.20, p < .001\]
KEY QUESTION How and where do parents access their parenting information and does this meet their needs?

Telephone interview findings

![Figure 1. Parents’ general perceptions of ECD information](image)

Access to information

- 16.2% of parents never or rarely knew where to go to get information.
- Close to a quarter of parents only knew where to go get information some of the time.
- Teenage parents reported the best access to information about their children, yet even amongst this group, 25% of teenage parents only sometimes knew where to go to get information.
- A relatively high proportion of Indigenous parents (26.2%) and grandparents (35.6%) said that they never or rarely knew where to go to get information.

Is information helpful?

- 63.8% of parents found information they were given was clear and helpful most or all of the time.
- However, 36% either did not find information they were given helpful, didn’t receive any information or only found it helpful some of the time.
- Relatively high proportions of grandparents (15.6%) reported receiving no information. Teenage parents (77.5%) and Non-priority (75.0%) were more likely than other groups to say that information was clear and helpful most or all of the time. Grandparents and fathers were more likely to say that they never or rarely got clear and helpful information.
Do parents seek extra information?

- 17.4% of parents frequently access extra information.
- Roughly 4 in 10 parents do not seek further information (39.6% said never or rarely) and 43.0% said that they sometimes seek extra information.
- Therefore, over 80% of parents could be misinformed if they do not get good information the first time.
- It was relatively less common for grandparents and fathers to regularly seek extra information.
- Refugee/CALD parents and parents of children with disabilities were less likely to say that they never or rarely sought out extra information.

Where do parents get information about parenting?

Friends, family and other parents

- Friends and other parents were the most widely used source of information (76.0%). The information from friends or other parents was considered to be very or quite helpful by 94.3% of parents.
- 7 in 10 parents get information from non-resident family members. The majority of parents who got information from family reported it to very or quite helpful (93.0%) – 4 in 10 (39.6%) of all parents received ‘very helpful’ information from family members.
- 37.7% of all parents said that they had access to very or quite helpful information from family members who lived with them.
- 15.6% of parents did not get information from any family or friends.

Written material

- Just under half of all parents (48.0%) recalled getting information from brochures and posters. Of the parents who had received information from posters or brochures, 30.5% found it to be very helpful and 51.3% said it was quite helpful. 18.2% did not find the information to be helpful. These results are consistent with the results of the focus groups – whilst some parents liked written information and preferred to get information this way, other parents did not have the time or the interest. Of those that found the information on brochures and posters to be useful to them, this was often said to be as a starting point, often to find out where to seek further information.
- Parents went to books, magazines and newspapers for information more often than posters and brochures (62.6%). Parents also reported that books, magazines and newspapers were more useful than posters or brochures.

Professionals

- Doctors and nurses were relatively common sources of information about ‘being a parent and raising children’. Within focus groups, parents said that doctors were helpful for medical matters but not general parenting advice.
- Approximately half of all parents got information from early learning and/or school staff. Roughly 90% found the information helpful and 10% did not.

Workshops and telephone advice

- More than half of those parents who attended parenting classes or workshops found these to be very helpful. Thus, 1 in 5 of all parents (20.6%) received very helpful information from workshops and classes.
• A minority of parents called the Parent Helpline (13.1%) and a similar proportion called other telephone services (13.7%). The information was generally considered to be very helpful.

Television and the Internet
• More than half of the parents surveyed got information from TV, movies or documentaries. Overall, 44.3% of all parents got quite helpful or very helpful information from these sources. Many focus group participants thought that TV documentaries and advertisements were useful, but would like more to be shown, or have them scheduled at more convenient times.

• Almost a quarter of parents had watched DVDs relating to child development. Focus group responses suggest that many parents would find DVDs more helpful if they were relevant to the age of their child and suggested that they could be shown at a time and place when they had opportunity to watch (e.g., hospital or clinic waiting rooms or on large screens at venues/events where families gather).

• Roughly 4 in 10 parents went to websites to find information. This is consistent with the focus group data which highlighted the importance of parenting websites and the search engine Google to many parents. Half of those using websites found the information to be very useful (50.7%) with another 40.3% finding the information quite useful. Topics on websites that parents found useful included art and craft activities, temper tantrums, separation anxiety, money handling, swearing, toilet training and general child development, like where they should be developmentally. The Australian site, Raising Children Network was mentioned by three groups as being useful. Some found websites a good starting point but lacking in a depth of information and difficult with contradictory academic sources.

• A minority of parents (6.9%) used social networking sites for the purpose of getting information. In the focus groups, no participant reported using social networking sites for this purpose, although several belonged to or participated in online forums on the internet with other parents or experts.
Figure 2. *Information sources parents have accessed.*
Figure 3. How helpful information sources are for parents.
Figure 4. How helpful information sources are for parents (cont.)
Focus group findings

There was as much variety within groups as across groups regarding how and where parents access parenting information and whether it meets their needs or not. Most of the conversations were centred around seeking information in response to a problem, generally behaviour or health related. Parents provided little evidence that they proactively sought or received information on how to best support brain development and early learning.

The five most mentioned ways that parents sourced their information were:

- The internet (including specific websites, Google searches and social networking sites): 35 positive and 3 negative responses
- Health professionals (includes doctors, nurses, midwives and therapists): 29 positive and 10 negative responses
- Parenting Groups: 28 positive and 4 negative responses
- Friends and other parents: 25 positive and 2 negative responses
- TV programs and documentaries: 21 positive and 2 negative responses.

The three least mentioned ways were:

- Playgroups/pre entry programs: 8 positive and 1 negative response
- Brochures: 9 positive and 2 negative responses
- Parenting magazines and newsletters: 9 positive responses.

In all of the thirteen information source categories (see table below) except parenting magazines and brochures, parents had a range of negative responses as well as their positive ones. The categories that drew most negative responses were families and health professionals. Most passionate of those responses were related to out of date and inconsistent information and a lack of empathy, especially felt by fathers.

Parents’ access to information

<table>
<thead>
<tr>
<th></th>
<th>Positive responses</th>
<th>Negative responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>family</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>friends</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>group</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>TV</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>internet</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>clinic</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>books</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>parenting magazines</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>helpline</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>health</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>educators</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>brochures</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>
Challenges of information

Across the groups there were varying degrees of concern regarding the quality, quantity and usefulness of the information which was either provided or accessed. In five of the groups, some parents were generally satisfied with the access and usefulness of information. Groups in which no one expressed satisfaction were Disabilities, Teenage Parents, Child Protection, Indigenous and Grandparents. The concerns influenced accessing of and attention to the information. The greatest difficulty experience by parents was lack of specificity and the appropriateness or relevance of the information. Concerns included not culturally appropriate, not practical enough, gendered, and an unfulfilled need for ‘just in time’ specific information on a wide range of topics.

Parents also volunteered a wide range of personal challenges that made it difficult to either access or attend to information. These included guilt, fear and shyness. For example, *sometimes you get a guilt trip when you seek out info because what you find makes you think that you should do everything and you can’t* (Low Income). A father with a 5 month-old infant said that he didn’t think he knew everything and was terrified (Low Income). One father said that shyness can be an issue, while a mum said *lots of people don’t know how to ask, and you need to empower people how to ask* (Non-priority). Parents’ personal beliefs and experiences also influenced whether they attended or not to messages:

> They’re like a sponge for the first 5 years, doesn’t make much difference to what I do, don’t go out and bombard them with stuff, take it as it comes. (Regional group)

Personal circumstances, in particular substance abuse, was also identified as a significant factor that limited parents’ capacities to attend to parenting messages. Comments included:

> The drinking alcohol message goes in one ear and out the other, it’s their choice, they don’t understand the harm to kids it does. In the remote North they don’t believe damage will happen – there are other influences that shape a person. It’s difficult to make them understand the seriousness of the damage of domestic violence, and alcoholism. (Indigenous)
On the parents who are neglectful or using drugs – a lot of them have the information that bonding is important, but not willing to do anything. The information is there if they want it, the problem is that they won’t go along and they won’t listen if they are fully addicted, all the messages like about smoking don’t work. Drugs will get in the way of all the good intentions, what they say. (Grandparents)

### Accessing Information: greatest challenges for priority focus groups

<table>
<thead>
<tr>
<th>Category</th>
<th>Greatest challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous families</td>
<td>Appropriateness/relevance</td>
</tr>
<tr>
<td>Those with low incomes or living in poverty</td>
<td>Personal circumstances</td>
</tr>
<tr>
<td>Refugee/CALD families</td>
<td>Lack of publicity/awareness</td>
</tr>
<tr>
<td>Families with child protection issues</td>
<td>Not enough specific</td>
</tr>
<tr>
<td>Remote &amp; Regional families</td>
<td>Not enough general</td>
</tr>
<tr>
<td></td>
<td>Not enough specific</td>
</tr>
<tr>
<td>Grandparents as carers</td>
<td>Not specific enough</td>
</tr>
<tr>
<td></td>
<td>Appropriateness/relevance</td>
</tr>
<tr>
<td>Fathers</td>
<td>Not enough general</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>Not enough specific</td>
</tr>
<tr>
<td>Families with children with disabilities</td>
<td>Inconsistency</td>
</tr>
<tr>
<td>Non-priority</td>
<td>Previous experience</td>
</tr>
<tr>
<td></td>
<td>Appropriateness/relevance</td>
</tr>
</tbody>
</table>

Four of the significant general issues raised related to usefulness of information were:

- The fall off of information as children grew
- The lack of information about learning
- The biased focus on mums
- Inconsistency with personal beliefs and between sources of information.

Some of the more illustrative comments included:

**QUESTION:** If an expert told you to do something, what would you do? Yeah, you’d listen, try it out but it depends if it’s baby 1, 2 or 3. For the first, you do everything they say and feel guilty if you don’t. For child 2 or 3 you’d only really do it if you really want to, if your child is ready. It’s got to make sense, suit your family, lifestyle, the parent. Your eyes/ears are already pricked up by information, then you really have to choose. (Non-priority).

*I want more for 3, 4, 5 year olds... They are a bit smart for the younger stuff.* (Child Protection)

*I’ve borrowed library books. I’m choosy about topics and authors as I have seen friends totally stressed out by what they’ve read. Books don’t consider individual kids as all being different.* (Regional)
The information needs to be there constantly because new people are always taking on a caring role, you can’t do short term, 1–3 year funding and then stop it. People get what they need and then go, then new people come. (Grandparents)

Parents are always at home, they need a worker to help them with translating information and help them get out into the community/school. (CALD service providers)

Within the Vietnamese community new immigrants just stay in the house, kids get up late, parents are working, they don’t know what playgroup is. It’s just through word of mouth that gets people into playgroup. It’s through networking. They stick together because they are scared of not being understood. (CALD service providers)
Complexities impacting on accessing and using knowledge and information

Different complexities and priorities confronted different groups of parents surveyed, reinforcing the notions that:

parenting consistent with the messages of neuroscience cannot alone compensate for the socioeconomic environments that disadvantage children...The motivation to attend to messages and take action takes strength, energy, will, time, an understanding of their importance and encouragement to engage in family enhancing behaviour.  

– MCEECDYA (2010:8)

This was particularly salient for the Indigenous group for whom the importance of pride in cultural heritage and recognising cultures are different in different places was fundamental.

Many times during the focus group sessions, the responses became quite conversational and intimate as parents described the challenges and the degree of control that individual families felt they had over their personal, social and economic contexts which influence their parenting practices and their children. As examples, one parent talked about the relatively greater influence that school had had on her child, due to the limited time left in the day to interact one-on-one with her. Poor modelling from other children, family members and the media also concerned many parents. Access to services and infrastructure was important for many parents, with some telling stories of frustration in trying to access help for their children (most notably the families with a child with a disability).

The government wants us to have babies, then why not put in the infrastructure and resources to make it happen – we don’t want to have to fight for everything like access to specialists, mothers group (couldn’t get in for 6 months), child care is really hard to get. (Non-priority)

Expectations

There are unreasonable, too high expectations, children get dragged and pushed. Parents need the ability to ride it out and make the right steps. (Remote)

I try not to smoke in front of her. I try to associate ‘yucky’ with smoking and drinking. The pictures on cigarette packets don’t convince me. Courses and seeing real babies with Foetal Alcohol Syndrome changes your mind. Cigarettes would take a long time to kill me anyhow. It’s often hard to prevent kids being around others who smoke in social groups. You can tell your family it’s bad for them but they just say you’re wrong – you need information for them too. (Child Protection)

Responsibility

Many parents, especially young mums are not being responsible…They [children] will grow up bad without proper parents. (Indigenous)

Status

There is a lack of recognition for us in our role as primary carer. I object to it being called ‘out of home care’. (Grandparents)
School

They are a totally new child once they come home from school. Bad influences of other kids, they are with them all day at school. We get three hours with them and that is really practical stuff like showering, feeding etc. They pick up bad words from school – need constant reminding that it’s not appropriate. What happens in the first five years is some insurance against this (Child Protection). And on the more positive side – What happens at school changes how you parent. She [child] explains what a better way of being treated is and then I try to do things differently. The teacher explains to me why it is bad behaviour (Child Protection).

Television

There are role models you can’t control, for example gang violence. (Teenage Parents)

English as a second language

The library says they need 4,000 words in English before they go to school. (CALD service providers)

Need or desire to work

Many in the Vietnamese and Turkish communities don’t know how important kindergarten is. They think it is a waste of time – only 2–3 hours. Work at home takes priority. (CALD service providers)

Own background

Systems are different here from home countries – mums don’t understand the importance of language and literacy before school due to the background in our home country, things like education starts at five. (CALD service providers)

Parents’ own experience of being raised

I want to be a different role model from my mother (Child Protection). People don’t do messages with kids because they don’t do it themselves. It’s the way they’ve been brought up (Non-priority). My own experiences matter, I wanted to make it nicer for my kids than I had it (Low Income).

Lack of male parent/father figure

They listen more to a male parent. It’s important to learn to interact with other male children (Child Protection). A man’s presence – there is something about it, kids are calmer (Grandparents).

Stress from parents’ relationships

It can lead to quite delayed development later on (Fathers). They don’t learn to their full potential. (Low Income) My daughter won’t socialise (Child Protection). They can be nervous, sulky, and quiet. It can affect learning (Grandparents).

Domestic violence and alcoholism

The parents – they don’t care. They just want to drink and be stupid. Extended families can act as buffers, grannies have to step in and care for the kids. (Indigenous)
Substance abuse

Drugs will get in the way of all good intentions (Grandparents). Time and demands of ‘damaged’ [drug affected] children are hard, but you can turn that around. (Grandparents)

Prescribed drugs

The drugs they’re [children] on (like Ritalin and dexamphetamines) makes his hunger disappear and he’s already thin. (Grandparents)

Changing family dynamics

Our generation doesn’t have the help from our families like our parents did. They had family, safe neighbourhoods. Our parents work and haven’t got time to help out. (CALD 2)

Not knowing how to ask for help – After giving birth to a child with a disability, one parent had gone so long not asking for advice from others in her life (because they hadn’t the required knowledge), that when she later had a typically developing child, she didn’t know how to start asking. (Disabilities)

I feel like I want something but don’t know what it is. (CALD 2)

Cost of service – Asking for money drives them away. (CALD service providers)

Reality and what works

It’s confusing because you are meant to stop smoking, but at the same time it can harm the baby to be highly stressed, so some doctors tell you to cut-down. (Low Income)

You need to use common sense – what do they need? I don’t always do what I’m told to do. (Remote)

Location

Many parents don’t qualify [to attend parenting program] because they live in the wrong suburb, or live with their parents. (Child Protection)

We can’t afford a car so it would be good if it happened in your area. (Teenage Parents)

I had to drive 40 kilometres because I wasn’t allowed to go to their office that was 12 kilometres away. (Disabilities)

Age

They are beyond the cut off age of 21 years, but still under 25 years (Teenage Parents). Because of your age, you question your abilities. Am I doing the right thing? I was 65 at the time, now 74, when I went to see a counsellor. (Grandparents)

Housing

A huge problem is housing. Private rent is impossible to afford. Money and rent are the source of many arguments. (Teenage Parents)
KEY QUESTION How do parents prefer to receive parenting information?

Parents most mentioned preferred ways to access information were through DVDs (12 responses), specific groups, (either on specific topics or for like groups of parents, in particular, fathers), (8 responses), and drop in centres, close to home with professionals (8 responses). The least mentioned preferred ways of accessing information were educators, (1 response), health professionals (2 responses), newsletters (2 responses) and brochures (2 responses). Two of the groups stand out for their unique responses. The Indigenous group nominated a range of very specific ways of getting messages to their communities. These included cartoons, DVDs using Marvin software with local voices, family gatherings (with barbeques, children’s activities and service providers), plays and a travelling ‘fun bus’. They also felt that graphic messages showing children with Foetal Alcohol Syndrome would be effective. Fathers asked for father specific information and activities.
### Priority group preferred access to information

<table>
<thead>
<tr>
<th>Priority group</th>
<th>Preferred access to information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous families</td>
<td>General and specific groups</td>
</tr>
<tr>
<td>Those with low incomes or living in poverty</td>
<td>DVDs</td>
</tr>
<tr>
<td>Refugee/CALD families</td>
<td>DVD</td>
</tr>
<tr>
<td>Families with child protection issues</td>
<td>TV</td>
</tr>
<tr>
<td>Remote &amp; Regional families</td>
<td>Internet</td>
</tr>
<tr>
<td>Grandparents as carers</td>
<td>Specific groups</td>
</tr>
<tr>
<td>Friends</td>
<td>face-face</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>TV, DVD, magazines</td>
</tr>
<tr>
<td>Families with children with disabilities</td>
<td>Brochures</td>
</tr>
<tr>
<td>Non-priority families</td>
<td>Drop in centres</td>
</tr>
</tbody>
</table>

Some of the more detailed descriptions of how parents would prefer to access information include:

*Family gatherings and barbeques that bring people together where there are Centrelink and other service providers where you can ask questions, collect a little bag of information, do health checks, like teeth, ears, Where there are animals for kids, kids can go from stall to stall and collect stickers to enter a draw for prizes. (Indigenous)*

*Prenatal classes are a good option – they teach you how to hold your child, how to feed them, why not teach you that it’s important to read to them too? (Disabilities)*

*Women have more time/opportunity to come to groups. Need something for dads. It’s hard to get them in. Most males have it in their head they support financially, are the breadwinner, come in at the end and discipline the child. Barbeque and beer with an expert for dads. Whatever it is for males, it works best if it is informal. If we tell them stuff, they get backed into a wall and don’t want to come. They need to get to know someone else, another dad before they come along so they don’t feel alone. Comfort in knowing someone else. They don’t want to sit in a circle and get told what to do, it’s an ego thing... Maybe for first one or two sessions partners come with them and then just dads. Don’t want the kids there because they don’t want them around bad people. (Child Protection)*

*It would be good to have a one-stop website that should tell you about funding (what you are entitled to, rather than finding this out in a piecemeal fashion from therapists, parents, etc), other websites and sources of help/information, a single information sheet for each diagnosis [developmental information – signs,
symptoms, course, first port of call services, websites, telephone numbers, support groups and services]. (Disabilities)

Would like a ‘mother’ page on the internet that leads to all government departments and links to good parenting websites, where to go for different sorts of help and advice. (Remote)

PITFALLS and ENABLERS

In lively discussions across the groups, parents alerted the researchers to a wide range of pitfalls and enablers that either get in the way or facilitate access to information.

Pitfalls to avoid, raised across all ten groups (in descending order of number of times mentioned) included:

- Time – anything that takes too much time
- Cost – unless parent is desperate
- Currency – out of date information
- Relevance – one size doesn’t fit all
- Location – distance and multiple sites.

Enablers to facilitate access, raised primarily by the Child Protection, CALD and Disabilities groups (in descending order of number of times mentioned) included:

- Publicity – using a range of media, letter boxing, radio, shops
- Credibility and consistency of messages – based on same research base
- Relevance – to community
- Incentives – to attend, for example, give-aways, dollars
- Graphic – clear and honest representation
- Accreditation – for example to a TAFE certificate
- Currency – of information
- Social – where males and females can mix to encourage fathers to take part
- Timing – when employed can attend
- Cost – free
- Experts – face to face.
CONCLUSION

What do parents currently know/understand about brain development in the early years, its implications for parenting and its importance to parents?

- Parents generally recognised the importance of those key messages that are consistent with traditional child development theories (for example, the importance of nurturing relationships, the importance of a language rich environment, the importance of good health and nutrition). However, they did not often demonstrate an understanding of the link between the messages and brain development or brain development and children’s longer term outcomes. Nor did they always have the knowledge, capacity or resources required to apply them.

- Many parents said that they were interested in general messages or information, yet these messages didn’t always change how they parented.

- Social, emotional and personal contexts interfere with parents' capacity and willingness to access and attend to messages. For example, housing stress, domestic violence, substance abuse and personal life experiences.

The first five years last a lifetime

- The majority of parents understood the importance of the first five years and had reasonable knowledge of experiences that promote development, such as bonding, play and language. However, very little reference was made to brain development per se. Parents’ understanding of children's learning and development did not explicitly include links with brain development.

- Parents were aware that the environment had an influence on outcomes for children. However their focus was generally on dealing with challenging behaviour and social and emotional development rather than actively promoting brain development and potential.

- One in five parents felt that children’s genes determined how their brain developed and that they could not make a difference to this.

Children are born ready to learn

- Parents from every group were aware that children learn from birth. Many comments were made about how much, and how quickly, children learn before they start school.

Good nutrition, health and exercise are critical

- With the exception of the Indigenous and the refugee/CALD groups of parents, most had sound understanding of the need for good nutrition, health, sleep and exercise during pregnancy and early childhood. However, this was an area where the message was inconsistently lived out.

The best learning happens in nurturing relationships

- The first eight or so months of infants' lives are when infants are forming a sense of belonging and being. Literature indicates that adults cannot spoil a baby. However, nearly a third of parents believe there is a need to be strict with a baby. This may be a reflection of the traditional developmental/behaviourist beliefs that were evident across the surveyed parents.

- Most parents had an understanding of the need for predictable nurturing environments and the need for embodiment experiences (body sensory
experiences such as touching, rocking). This was generally understood to be important for emotional development. Brain development was not mentioned.

**Children learn through being engaged and doing/children learn from watching and copying**

- There was clear evidence that parents understand the contribution that watching, observing and play make to children’s learning. However, experimentation and being engaged were rarely mentioned. Conversations indicated that, for many parents, chores and other priorities limited the time and motivation to spend engaged in learning with their children.

**The brain develops through use**

- Very few parents expressed understanding of the brain developing through use. This was reflective of a more general sense across the survey that parents did not actively set about to promote brain development and learning. The majority of references they made were to behaviour, emotional wellbeing and skills (e.g. reading and cooperating).

**Children’s self-control is critical for learning, responsibility and relationships**

- The importance of self-regulation to success at school and in life is a key message in the literature. The literature indicates that children are beginning to self-regulate by the time they start school. It is unreasonable to expect very young children to have the experience and brain development to know the difference between right and wrong and be able to regulate their behaviour accordingly. However, one third of parents thought that one-year-olds should be able to do this and they should be strict with them. One fifth thought that parents should only praise a child for success rather than effort. These external controls of a child do little to encourage the development of a child’s internal locus of control, which is the basis of self-regulation. This is another reflection of the behaviourist approach some parents use in raising their children. However, some grandparents, fathers and regional parents expressed the need for children to have some control over their impulses and emotional reactions by the time they start school and appreciated that this took time to learn.

**Children learn language by listening to it and using it**

- The majority of parents expressed good understanding about the importance of talking with children from a very young age. Understandings about the age at which it was important to begin reading to children varied amongst the groups, ranging from birth to 14 months.

**Children’s wellbeing is critical to brain development and learning**

- Current research indicates that wellbeing is fundamental to engagement and learning. However, understanding of this relationship was evident in only two focus groups. Half of the parents did not think it necessary to comfort an upset baby quickly, which has implications for a baby’s brain development and wellbeing.

**Children are born ready to use and learn mathematics**

- Little was said explicitly about maths and numeracy, although most parents felt that it made quite a bit or a lot of difference to children’s learning if they helped with household chores (which involved experiencing mathematical concepts such as sorting, ordering, classifying, one to one correspondence). There was a view
by two groups of parents that a focus on social and emotional skills prior to school is more important than academic skills such as literacy and numeracy.

How and where parents access their parenting information and whether this meets their needs and how do they prefer to get information?

Access to information

- Access to information varied widely across the groups with Indigenous parents most challenged about knowing where to go and the relevance of the information.

- There was a tendency for parents mainly to seek information when they were troubled by their children’s behaviour or development. Parents with a reciprocal, ongoing relationship with a warm and knowledgeable professional group facilitator had the most confidence to access and explain knowledge about child rearing. Two groups (child protection and teenage parents, and one parent in the low income group) who belonged to intensive intervention programs where child development and supportive parenting were actively taught more confidently expressed understandings of early childhood development and supportive parenting practices than the other groups. The Non-priority group also had actively gained supportive parenting information through the relationship they had with the professional at a local drop-in centre.

- Teenage parents were most confident in knowing where to access information and in finding it useful. This may be a reflection of the information-rich world in which they have grown up.

- Mothers’ groups ranked high amongst female participants as a favoured source of accessing information. Findings suggest the need for establishing groups for fathers or making fathers more welcome at existing parent groups.

- Friends and other parents were one of the most used and least criticised sources for usefulness of information.

- There was a mixed response to the usefulness of books, with about half of the responses being negative about the quality and consistency of information. Of all the groups, the geographically isolated parents found written material most useful.

- Families were a popular source of information; however parents’ parents came under criticism for out-of-date knowledge and practices.

- The Parent Helpline and other telephone services were only accessed by a minority of parents. However, parents found them to be useful.

- Health professionals (including doctors, nurses, midwives and therapists), although accessed frequently, were also in the category that came under most criticism for usefulness, relevance and consistency of information. Given the frequency of contact that families with young children have with health professionals, there is greater potential for health professionals to actively communicate information promoting the neuroscience key messages.

- Media and technology also featured as a very popular source of information. While specific parenting websites and Google searches were found to be useful for specific problems, social networking sites were rarely used. Television and DVDs were common sources of information, with documentaries being mentioned as particularly useful and interesting.
Usefulness and challenges of information

- Families could identify a high number of reasons as to why information was not useful. These included: information not being specific enough, not being appropriate or relevant and personal social and emotional circumstances.

- Parents identified a range of pitfalls that limited their access to information. These included:
  - Time – anything that takes too much time
  - Cost – unless parent is desperate
  - Currency – out of date information
  - Relevance – one size does not fit all
  - Location – distance and multiple sites.

- Parents also identified a range of factors that help facilitate access to information:
  - Publicity – using a range of media, letter boxing, radio, shops
  - Credibility and consistency of messages – based on same research base
  - Relevance – to community
  - Incentives – to attend, for example, give-aways, dollars
  - Graphic – clear and honest representation.

Preferences for accessing information

- Although there were some common preferences for receiving information, there were also differences across and within the groups. It is apparent from the diversity of parents’ preferences for accessing information that any information campaign needs to reach parents through a mix of strategies.

- The Indigenous group and the fathers group were most specific in describing how they would prefer information to be delivered.

- Parents most mentioned preferred ways of accessing information were through parent groups (for specific topics or like groups of parents), drop-in centres close to home (with attending professionals) and DVDs. For DVDs to be useful parents said that they must be relevant to the age of their child and suggested that they could be shown at a time and place when they had opportunity to watch (e.g., hospital or clinic waiting rooms or on large screens at venues/events where families gather).
BIBLIOGRAPHY


## APPENDIX A: FOCUS GROUP INFORMATION

### FOCUS GROUP INVITATION INFORMATION FOR STATES/TERRITORIES

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>When will the focus groups be conducted?</td>
<td>Between 14 April and 12 May. * see table below for individual state/territory dates</td>
</tr>
<tr>
<td>Where will the group be conducted?</td>
<td>Each state/territory will choose and advertise their own locality.</td>
</tr>
<tr>
<td>How long will the focus group meeting be?</td>
<td>Approximately 90 minutes.</td>
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<tr>
<td>Who is inviting parents?</td>
<td>Each state/territory will invite parents from an identified group/s to come along to talk about raising young children. * see table below for individual state/territory groups</td>
</tr>
<tr>
<td>What are the groups about?</td>
<td>The researchers will be asking parents what they think about: • Information they get, use and need about young children’s development, • Where and how they get the information • How useful is the information.</td>
</tr>
<tr>
<td>What is the purpose of these groups?</td>
<td>• To find out how the government and the community can best help parents and carers of young children get the information they need for parenting.</td>
</tr>
<tr>
<td>How many parents will be in each group?</td>
<td>• Minimum 5, maximum 10 parents in each group • Dr Pam Winter and Mr Samuel Luddy will attend to facilitate the groups and note parents’ responses • Local staff will organise and attend the session.</td>
</tr>
<tr>
<td>Agency expenses</td>
<td>The project will reimburse states/territories for reasonable expenses to host the groups, including providing an interpreter if required – (invoice DECS)</td>
</tr>
<tr>
<td>Participant expenses</td>
<td>The project will reimburse participants for out of pocket expenses to attend focus group (budget $50 per participant). Local agency to invoice DECS.</td>
</tr>
<tr>
<td>Confidentiality of information</td>
<td>Any information that could identify parents, such as people’s names or the names of places, will be kept separate from what is talked about in the groups.</td>
</tr>
<tr>
<td>Thank you gifts</td>
<td>To thank parents for attending, the project is providing a choice of ‘thank you’ gifts [each state/territory can choose from a list of incentives (value $50 per participant)].</td>
</tr>
</tbody>
</table>
APPENDIX B: FOCUS GROUP CONSENT FORM

Parents and Carers
Focus Group
Engaging Families in the Early Childhood Development Story
Consent form

DATE
VENUE
I agree to take part in this parent / carer focus group as part of the Engaging Families in the Early Childhood Development Story project
o The topics for discussion have been explained to me*
o I understand that taking part in the focus group is entirely voluntary
o I understand that what I say will not be stored or reported in a way that could allow someone to identify me or my family.

<table>
<thead>
<tr>
<th>Participant name</th>
<th>Signature</th>
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*DISCUSSION TOPICS
• Where and how do parents get information about looking after children?
• Does this information meet parents’ needs? Why or why not?
• What do parents think about the connection between brain development and how children grow up?
LOCAL COORDINATOR

Name:
Agency:
Phone:

RESEARCHERS

Pam Winter PhD
Department of Education and Children’s Services (South Australia)
Phone (08) 8226 4131

Sam Luddy B Psych (Hons)
Children, Youth, and Women’s Health Service (South Australia)
Phone (08) 8226 2531
APPENDIX C: FOCUS GROUP GUIDING QUESTIONS

FOCUS GROUP AGENDA & QUESTIONS

WELCOME

INTRODUCTIONS

EXPLANATION OF PURPOSE

INFORMED CONSENT

QUESTIONS

ICEBREAKER
  • What’s the easiest/hardest thing about helping children develop and learn? What gets in the way?

IMPORTANCE OF PARENTING ROLE
  • What are the big things (roles) you have in your life e.g. partner, employment, parent, carer of elderly, volunteer. How would you rank their importance?
  • How much influence/impact/difference do you think you can make to what children are born with?

HOW MUCH DO YOU KNOW/UNDERSTAND ABOUT BRAIN DEVELOPMENT IN THE EARLY YEARS/HOW CHILDREN LEARN AND TURN OUT?

ABOUT (KEY MESSAGES)
  • First five years in relation to rest
  • Health, nutrition, exercise, sleep, breastfeeding
  • Relationships/attachment (circle of security/safe haven)
  • Brain develops through use
  • Wellbeing is critical to brain development/parent wellbeing/toxic stress
  • Learn through being engaged and doing, best activities are free
  • Learn from watching & copying
  • Self regulation is critical to school readiness, behaviour has meaning
  • Learn language/literacy by listening and using
  • Born ready to use and learn maths.

(HOW IMPORTANT IS IT TO KNOW ABOUT IT?)

DO YOU THINK YOU KNOW ENOUGH? IS THERE ENOUGH INFORMATION / TOO MUCH?

WOULD YOU LIKE TO KNOW MORE?

(HOW AND WHERE DO YOU GET INFORMATION ABOUT PARENTING FOR DEVELOPMENT?)
  • If it costs?
  • Physically get to it?
  • Time
  • Understand & can you remember it.
HOW COULD YOU FIND OUT?
• When do you want it?
• Is it easy to ask/find help when you need it
• What about other parents, your own parents/grandparents, antenatal classes, internet, help lines
• What’s the impact of media e.g. programs like Super Nanny
• What’s the impact of what other parents do/say e.g. it’s good to be tough?
• What’s the impact of give-aways – like ‘time-out’ pads?

HOW COULD YOU USE MORE INFORMATION?

DOES THE INFORMATION YOU FIND USUALLY MEET YOUR NEEDS?
Any examples of changed parenting practices

IS THERE SOME INFORMATION YOU GET AND DON’T CHOOSE TO USE? Do you ever get information that is confusing? Different from what you’ve heard before e.g. smacking, time-out?

HOW DO YOU DECIDE?

(WHAT ARE THE IMPLICATIONS FOR WHAT YOU DO?)
Do you always do what you think is best? Why, why not?

HOW DO YOU LIKE BEST TO GET THE INFORMATION?
• E.g. face-face. Does it make a difference if you talk with an ‘expert’?
• Targeted for special groups – e.g. Aboriginal, 2 year olds, disability, literacy, or specific enough information
• If there was an actual person on the end of an internet website/help line would you find that better that just reading information?
• Have you ever used help-lines or gone to classes? What do you think about them? Do you go to a different place if you have a problem compared with when you just want to know about parenting? Where are the places that you go to the most for information?
APPENDIX D: TELEPHONE INTERVIEW QUESTIONS

INFORMATION ABOUT CHILD DEVELOPMENT

Instructions

I am going to read you a list of people and places that may have shared information with you about being a parent and raising children. By raising children, we mean caring for children, and how you can help your child to grow and learn.

I’d like you to tell me if you got information about children from any of these places and if so how helpful this information was to you.

[IF ‘NO’ IN Q*A, SKIP Q*B]

Q1A Have you ever received information from family members who live with you?
- Yes
- No

Q1B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q2A Have you ever received information from family members who don’t live with you?
- Yes
- No

Q2B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q3A Have you ever received information from friends or other parents?
- Yes
- No

Q3B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q4A Have you ever received information from parenting groups or workshops?
- Yes
- No

Q4B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q5A Have you ever received information from teachers or staff at play group or childcare?
- Yes
- No

Q5B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q6A Have you ever received information from teachers or staff at kindy, preschool or school?
- Yes
- No

Q6B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful

Q7A Have you ever received information from nurses?
- Yes
- No

Q7B How helpful was the information?
- Very helpful
- Quite helpful
- Not particularly helpful
- Not at all helpful
Q8A Have you ever received information from doctors?
  □ Yes  □ No

Q8B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q9A Have you ever received information from programs like home-visiting?
  □ Yes  □ No

Q9B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q10A Have you ever received information from the Parent Helpline?
  □ Yes  □ No

Q10B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q11A Have you ever received information from other telephone services?
  □ Yes  □ No

Q11B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q12A Have you ever received information from pamphlets or posters?
  □ Yes  □ No

Q12B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q13A Have you ever received information from books, magazines or newspapers?
  □ Yes  □ No

Q13B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q14A Have you ever received information from websites on the internet?
  □ Yes  □ No

Q14B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q15A Have you ever received information from Facebook, Twitter or other social networking sites?
  □ Yes  □ No

Q15B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q16A Have you ever received information from TV shows, movies or documentaries?
  □ Yes  □ No

Q16B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q17A Have you ever received information from videos or DVDs?
  □ Yes  □ No

Q17B How helpful was the information?
  □ Very helpful  □ Quite helpful  □ Not particularly helpful  □ Not at all helpful

Q18A Have you ever received information from other community groups or government agencies?
  □ Yes  □ No
Q18B  How helpful was the information?
☐ Very helpful  ☐ Quite helpful  ☐ Not particularly helpful  ☐ Not at all helpful

Q19A Have you ever received information from any other places?
☐ Yes  ☐ No

Q19B  How helpful was the information?
☐ Very helpful  ☐ Quite helpful  ☐ Not particularly helpful  ☐ Not at all helpful

Q20  Thinking about times when you needed information about being a parent or raising children, how often did you know where to go to get this information?
☐ Never  ☐ Rarely  ☐ Sometimes  ☐ Most of the time  ☐ All of the time

Q21  When you found or were given information, how often was the information clear and helpful?
☐ Never  ☐ Rarely  ☐ Sometimes  ☐ Most of the time  ☐ All of the time

Q22  How often did you look for or ask for extra information?
☐ Never  ☐ Rarely  ☐ Sometimes  ☐ Most of the time  ☐ All of the time

KNOWLEDGE ABOUT CHILD DEVELOPMENT

Introduction
The next few questions ask about what you think about looking after children. There are no right or wrong answers; we are just interested in your opinion.

Q23  How strongly do you agree or disagree that… Compared to children’s genes (what they’re born with), a parent cannot make much of a difference to how a child’s brain develops
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q24  How strongly do you agree or disagree that… You need to be strict with a baby otherwise you will spoil them
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q25  How strongly do you agree or disagree that… Parents should comfort a baby quickly every time the baby gets upset or cries
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q26  How strongly do you agree or disagree that… Exploring and playing is important for how children learn language and maths
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q27  How strongly do you agree or disagree that… A one-year-old child should understand the difference between right and wrong
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q28  How strongly do you agree or disagree that… You should only praise a child when they succeed at something
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree
Q29  How strongly do you agree or disagree that... Watching children’s television helps children’s brains develop better than playing
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q30  How strongly do you agree or disagree that... Young children get all the nutrition they need whether or not they eat breakfast, fresh fruit and vegetables every day
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q31  How strongly do you agree or disagree that... Young children learn how to act and behave from watching what adults and other children do
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q32  How strongly do you agree or disagree that... It is important that children go to bed at about the same time every day
☐ Strongly agree  ☐ Agree  ☐ Neither agree nor disagree
☐ Disagree  ☐ Strongly disagree

Q33  How much touching, such as holding, rocking and cuddling, do very young children need?
☐ Not much  ☐ Quite a bit  ☐ A lot

Q34  How much should adults talk to babies before they are 3 months old?
☐ Not much  ☐ Quite a bit  ☐ A lot

Q35  How much do young children gain from knowing what is going to happen during their day?
☐ Not much  ☐ Quite a bit  ☐ A lot

Q36  How much difference do the first 5 years of a child’s life make for their learning compared with what happens when they get older?
☐ Not much  ☐ Quite a bit  ☐ A lot

Q37  How important is it to read books to children before they are 4 months old?
☐ Not much  ☐ Quite a bit  ☐ A lot

Q38  How much difference does it make to how well children learn at school if they do jobs with you around the house when they are little, such as sort clothes, set the table and put shopping away?
☐ Not much  ☐ Quite a bit  ☐ A lot
### APPENDIX E: THEORETICAL APPROACHES TO CHILD DEVELOPMENT

<table>
<thead>
<tr>
<th>Theoretical perspective and reflective questions</th>
<th>What this theory tells us about belonging</th>
<th>What this theory tells us about being</th>
<th>What this theory tells us about becoming</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behaviourist perspectives</strong></td>
<td>Children’s sense of belonging to families, groups and communities is enhanced when they behave in ways that are considered acceptable and desirable.</td>
<td>Children’s behaviour is a key aspect of who they are. Children’s behaviour, experiences and environments are closely connected. Children develop habits in their behaviours.</td>
<td>Learning to comply with family, group and community expectations is an important aspect of becoming. Children learn new behaviours through imitation and from others’ responses to their behaviours. Children repeat behaviours that get a response (reinforcement) from others. They eventually stop behaviours that are not reinforced.</td>
</tr>
<tr>
<td><em>What images of children and learning do behaviourist perspectives convey?</em></td>
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<tr>
<td><em>What are the strengths and limitations of behaviourist perspectives theories for knowing children and supporting their learning?</em></td>
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<tr>
<td><em>In what circumstances and contexts might behaviourist theories be particularly helpful or unhelpful?</em></td>
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<tr>
<td><strong>Developmental perspectives</strong></td>
<td>Children’s early sense of belonging is linked to their experience of secure, loving attachments to family members and other significant adults.</td>
<td>There are uniform and predictable ways of being a child. Children progress through different stages of development. Children have individual and unique pathways for development and learning. Children’s learning and development (their being) enable them to participate more actively in families and communities. Children’s development is viewed in domains – typically labeled as physical, social, emotional and cognitive.</td>
<td>Children’s becoming is a gradual unfolding or maturation of developmental capacities which allows them to be active participants and learners. Children’s independence is supported through learning experiences which foster their ability for decision making, problem solving, language and thinking skills.</td>
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<tr>
<td><em>What theories of development best support planning for children’s belonging, being and becoming?</em></td>
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<tr>
<td><em>What theories of attachment can support educators planning for children’s sense of belonging?</em></td>
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<tr>
<td><em>How do developmental perspectives contribute to or limit ways of knowing children and supporting their learning?</em></td>
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<td><strong>Socio-cultural perspectives</strong></td>
<td>Children belong to different social and cultural groups through their connections with adults and other children from birth.</td>
<td>Children’s ways of being in the world are socially and culturally sanctioned or approved. Through participation in</td>
<td>Children are both being and becoming. These are interdependent and indivisible constructs. Children’s development (being and becoming) is</td>
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<td><em>How does children’s active participation in different communities or groups connect with</em></td>
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<tr>
<td>their belonging, being and becoming?</td>
<td>How do the personal and community contexts for individual children and groups of children affect the ways they experience belonging, being and becoming?</td>
<td>What are the strengths and limitations of socio-cultural theories for knowing children and supporting their learning?</td>
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<tr>
<td>Children actively seek ways to belong from birth. Children’s valued contribution supports their sense of belonging.</td>
<td>everyday experiences children learn about being interdependent with both adults and other children. Children can have multiple and mutual attachments.</td>
<td>socially and culturally sanctioned.</td>
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</table>

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<thead>
<tr>
<th>Critical perspectives</th>
<th>Who is advantaged when particular ways of belonging, being and becoming are privileged? What are the strengths and limitations of critical theories for knowing children and supporting their learning?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children have a right to belong to and identify with family, culture, country and community. Children’s sense of belonging in community or social groups can be compromised by inequalities (for example, those caused by poverty, racism, prejudice, discrimination and exclusion). Belonging is integral to a child’s identity.</td>
<td>There are diverse ways of being a child. There are many different childhoods.</td>
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<tr>
<td>Children have the capacity to be active agents in and to make decisions about their becoming.</td>
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<tr>
<th>Poststructuralist perspectives</th>
<th>Whose ways of belonging, being or becoming are valued? Whose are not? Why? What changes in pedagogy could be made in response to the answers to these questions? How do poststructuralist theories contribute to or limit ways of knowing children and supporting their learning?</th>
</tr>
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<tr>
<td>Children belong to a range of cultures including those of gender, ethnic background and social/economic class. Children can change the ways in which they belong as they participate in different groups. Children’s belonging is connected with broader community or societal contexts.</td>
<td>Children have multiple identities that shift and change depending on where they are and who they are interacting with and relating to.</td>
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<tr>
<td>Children experience many kinds of becoming. Becoming is not linear, always predictable or always measurable. Children’s becoming is not a fixed, staged progression.</td>
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</table>

Extracted from: Educators belonging, being and becoming (Draft): Unpublished resources CD Material drafted by Charles Sturt University (CSU) Early Years Learning Framework Consortium, 2009