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Early implementation insights from Parkville Institute's Replication Research Project

October 2024

Please email: fiona@orangecompass.com.au with any feedback.

SUGGESTED CITATION:

Rogers, S and McKenzie, F., 2024. Early implementation insights from Parkville Institute's Replication Research Project. Prepared by Orange Compass for Parkville Institute.

Parkville Institute acknowledges the Traditional Owners of the land on which our offices stand, the Wurundjeri Woi-wurrung and Bunurong Boon Wurrung peoples of the Eastern Kulin Nation, and the Traditional Owners of the land where we conduct our work across Australia. We acknowledge the immense richness, diversity and strengths in Aboriginal and Torres Strait Islander child rearing practices, which have seen children nurtured and supported for over 60,000 years. We recognise the continuing connection to lands, waters, culture and communities, and pay our respect to Elders past, present and emerging.

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ACKNOWLEDGEMENTS

We would like to extend our thanks to all of Parkville Institute's funding partners at the Australian Government Department of Education, Early Learning and First Nations Priorities Branch; Victorian Department of Education, Early Learning Practice and Participation Division; Paul Ramsay Foundation; The Bryan Foundation; The Berg Family Foundation; and The TDM Foundation. We also extend our thanks to Social Ventures Australia, who continue to provide invaluable support, including brokering relationships with funders and providing strategic advice and support during PI's setup and implementation.

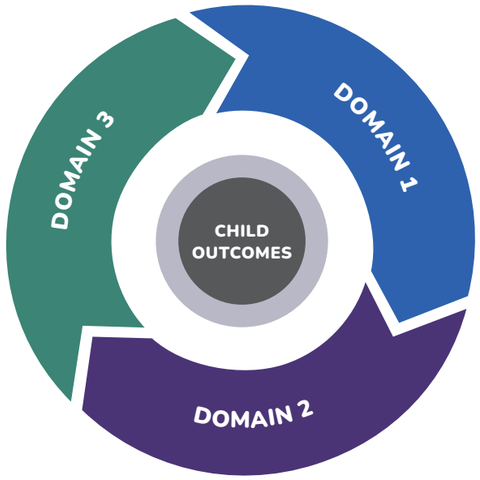
Uniting Vic.Tas Centre in Victoria

C&K - The Creche and Kindergarten Association Centre in Queensland

City of Ballarat Centre in Victoria

We would particularly like to extend our thanks to those team members at each Centre who generously gave their time and knowledge through the interview process.

EARLY IMPLEMENTATION INSIGHTS



DOMAIN 1

Reimagining ECEC Service Delivery for Children and Families Experiencing Significant Stress and Disadvantage

Implications for systems change:
- Successful replication of the unique, evidence-based intensive ECEC model is possible in diverse contexts.
- Building the right ***enabling conditions***, and fostering new ways of thinking, working and forging connections, in order to enable readiness and effective implementation are essential.
- Recruiting ***values aligned*** organisations and working in partnership with them to build readiness is critical.

Key strategies of Implementation include:
- Intentional selection of values aligned service provider partners organisations.
- Careful location and establishment of Centres.
- A ***relational approach*** to working with partners.
- A non-hierarchical leadership model (adaptive leadership) within each Centre.

These strategies are leading to signals of progress, including:
- Building trust and connection is generating allyship between partners.
- A strong sense of shared purpose is underpinning strong commitment.
- A relational way of working is being mirrored at all levels.
- A culture of shared leadership means a team that is supportive of each other.

For children and families, this means:
- Children are experiencing respectful and trusting relationships.
- Routine and regular participation in the program is supporting the parent's relationship with their child and engagement with their role as their child's first educator.

PI'S REPLICATION RESEARCH PROJECT

SUMMARY ON A PAGE

DOMAIN 2

Bridging the Gap Between Evidence, Practice and Policy

Implications for systems change:
- Work to bridge the gap between evidence, practice and policy is a key feature.
- Multi-disciplinary expertise underpinning the approach is both highly valued and highly effective.
- Extending the application of relational pedagogy to the engagement of families is ensuring that parents are playing a positive role in the learning and developmental milestones of their children.

Key strategies of implementation include:
- The model is built on evidence.
- The evidence base is being grown through robust research.
- PI acts as a bridge between research and practice.
- PI is bridging the gap between lived experience, evidence and policy.
- The leadership team has multidisciplinary expertise.
- Resources are allocated to on-the-ground and responsive implementation support.
- PI is filling critical workforce and expertise gaps.
- Parents are involved in a sustained way.

These strategies are leading to signals of progress, including:
- Clinical expertise is underpinning practice excellence.
- Multi-disciplinary and real-time professional development is increasing staff confidence and capability.
- Multiple perspectives and frameworks are strengthening decision making.
- Responsive implementation support is leading to effective and ethical service delivery.

For children and families, this means:
- Clinical expertise helps educators better support families.
- Greater parent orientation is building sustained engagement.

DOMAIN 3

Supporting Practice Excellence

Implications for systems change:
- Practice excellence extends beyond formal guidelines and standards and into culture, relationships and everyday practices.
- Growing the pedagogical capability within the workforce has proven to be critical.
- A relational approach and strategies such as reflective supervision enables staff to feel confident and supported. This in turn increases the confidence and engagement of families.
- The shared purpose and 'allyship' across staff and families that results from practice excellence should not be underestimated.

Key strategies of implementation include:
- A package of supports to grow the pedagogical capability of the workforce.
- A shared vision is co-created at each Centre.
- Intentional recruitment leads to dedicated staff.
- Reflective supervision is available for all staff.
- There is time and space to focus on pedagogy and curriculum.

These strategies are leading to signals of progress, including:
- Increased wellbeing of staff is leading to increased staff retention.
- Reflective supervision is supporting unique ways of working.
- Workplace culture and capability building is leading to sustained changes in the practice of individuals.
- A relational approach is building a strong culture of support and safety for staff.
- Learning and planning time is increasing the ability to focus on child outcomes.
- Professional development and capability building is seeing educators grow their understanding of their professional identity and role as infant and toddler specialists.
- Allyship across the delivery team extends to allyship with families.

For children and families, this means:
- Families are responding to a sense of safety and belonging.
- Participation in the program is generating different parenting strategies and routines in the home.

Purpose

Parkville Institute (PI) is an innovative research and practice institute established as a not-for-profit organisation in 2021 by Dr Anne Kennedy and Associate Professor Brigid Jordan AM to enable infants and young children living with significant family stress and social disadvantage, including exposure to trauma, abuse and neglect, to enter school as confident and successful learners who are developmentally and educationally equal to their peers.

The focus of PI's work is the implementation of an evidence-based approach with Early Childhood Education and Care (ECEC) services, families and children; so that these children can enjoy the same life trajectories as their peers in terms of health, social, education and economic participation in society.

Background

Figure 1: Parkville Institute timeline

Randomised Control Trial (2010–2018)

For children living with extreme and multiple vulnerabilities in the early years, there is the need for an intensive ECEC model to overcome the effects of trauma, redress harm, reduce toxic stress levels and support them to learn and develop[1]. One such model was first trialled in Australia through a Randomised Control Trial (RCT) with the Early Years Education Program (EYEP). It was an intensive, high quality ECEC program that achieved remarkable learning and developmental outcomes for children; providing strong robust evidence of the effectiveness of this type of program[2,3].

EYEP was initiated by Kids First, previously the Children's Protection Society (CPS), an independent not-for-profit child and family services organisation based in the north-east of Melbourne which was founded in 1896. The program was designed and implemented by CPS in collaboration with Associate Professor Brigid Jordan and Dr Anne Kennedy.

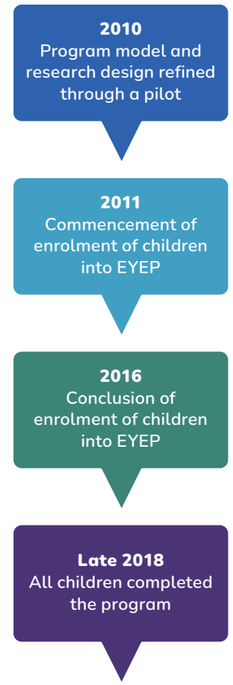


Figure 2: RCT timeline

[1] Shonkoff JP; Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Sectio on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012 Jan; 129(1): e232–46. Doi: 10.1542/peds.2011–2663. Epub 2011 Dec 26. PMID: 22201156.

[2] Children in the trial started life more vulnerable – they were more likely to have a low birth weight – 25.6% vs 7.3% LSAC low SES. At the time of enrolment in the trial (before they turned three years of age), cognitive development, language, motor skills and adaptive behaviour were delayed compared to the general population. Child participants were three times more likely to have significant language delay and six times more likely to have delays in adaptive behaviour than the general population. [From: Tseng Y, Jordan B, Borland J, Clancy T, Coombs N, Cotter K, Hill A and Kennedy A, 'Participants in the Trial of the Early Years Education Program', Changing the Trajectories of Australia's Most Vulnerable Children, Report No. 1 (June 2017).]

[3] Tseng, Y., Jordan, B., Borland, J., Clark, M., Coombs, N., Coter, K., Guillou, M., Hill, A., A. Kennedy and J. Sheehan (2022), Changing the Life Trajectories of Australia's Most Vulnerable Children – Report no.5: 36 months in the Early Years Education Program: An assessment of the impact on children and their primary caregivers.

Evidence from the RCT indicated that the EYEP model was able to engage families living with the most significant levels of adversity and support them to maintain participation in the program. Children's participation in the program – including the ***dosage*** (the model was implemented as intended) and the ***duration*** (time spent in the program) – supported their learning, development and wellbeing even though there were high levels of need and different reasons for the adversity they faced.

The RCT demonstrated strong evidence of large and significant positive impact of participation in EYEP on children's outcomes. After 12 months of participation in the program, children had an average increase in IQ of 5.7 points. After two years of participation in the program, the children had an average 7.1 point increase in their IQ scores and the proportion of children classified in the clinical range for social emotional problems was lower by 29.2 percentage points compared to the children in the control group (12.8% vs 42%)[4].

After 36 months of participation in the program (the end of the ***dose***); the children's gains remained large and all were statistically significant with an average increase in IQ of 7.6 points (mean score 99.6), average increase in language of 6.8 points (mean score 99.5) and an average decrease in child behaviour problems score of 6.2 which is equivalent to 0.6 of a standard deviation[3]. Very large increases in IQ and language scores were evident for children whose development was most compromised at baseline – for children with an initial score less than 90 who participated in the program, their IQ improved by an average of 13.6 points and their language score improved by an average of 12.7 points with their average scores after three years very close to the population average (98.6 and 98.2 respectively)[3].

[4] Tseng YP, Jordan B, Borland J, Coombs N, Cotter K, Guillou M, Hill A, Kennedy A and Sheehan J, '24 months in the Early Years Education Program: Assessment of the impact on children and their primary caregivers', Changing the Trajectories of Australia's Most Vulnerable Children, Report No. 4 (May 2019).

Why a replication project?

Unfortunately, the most recent findings from the 2021 AEDC data[5] indicates that the percentage of children assessed as developmentally vulnerable on two or more domains increased to 11.4% in 2021 from 11% in 2018. The percentage of children on track also decreased for the first time since 2009.

The robustness of the evidence from the RCT indicated that scaling up the model had the potential to change the life trajectories of the most vulnerable children in Australia. It therefore became important to understand whether this approach could be replicated across different settings and in different conditions.

Testing the ability to replicate in diverse contexts is critical because innovative social programs often suffer a ***voltage effect*** and do not achieve the same impacts for participants when the program is scaled up[6]. ***Voltage effect*** is a term used in implementation science to describe the impact of a program/intervention increasing (voltage gain) or decreasing (voltage drop) when scaled up. Voltage drop refers to when the positive impacts of a program (identified through original trial), are much less than anticipated when the program is scaled up. Possible contributors include problems with program fidelity (program not delivered as intended) and the complexity introduced by heterogeneous participants and providers in a scaling up phase[7].

Replication Research Project (2022–2026)

In early childhood education and care, replication studies are often the ***missing link*** between evidence-based interventions or models that have achieved significant outcomes and scaling up programs, which often fail to deliver the same outcomes as the original study[8,9]. PI has therefore developed a framework to support implementation of the EYEP model with fidelity, enacting strategies to avoid a potential voltage drop across the three new Replication Centres of the Replication Research Project. These Replication Centres were established specifically for the purposes of the Replication Research Project, though all of the service provider partners have significant prior experience in the establishment and operations of Early Learning Centres.

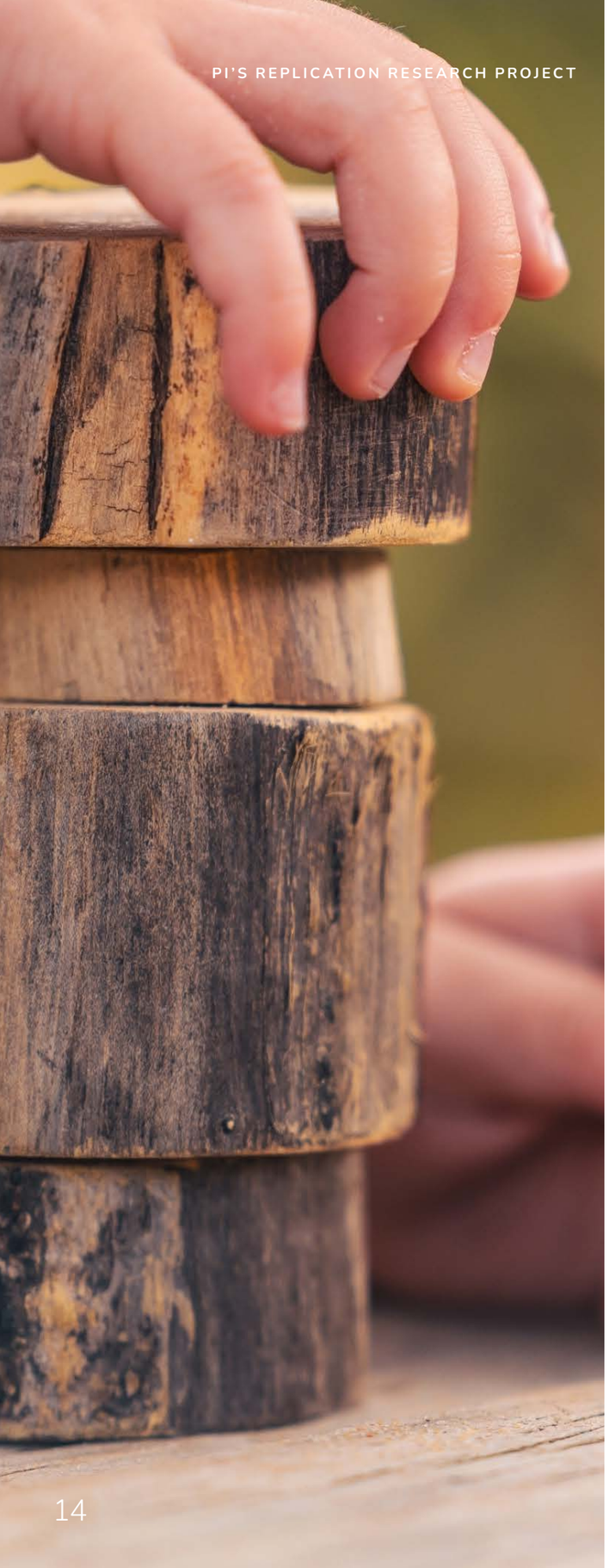
[5] https://www.aedc.gov.au/

[6] Al-Ubaydli, O., List, J. A., & Suskind, D. (2019). The science of using science: Towards an understanding of the threats to scaling experiments (No. w25848). National Bureau of Economic Research.

[7] List, J. (2022), The Voltage Effect: How to Make Good Ideas Great and Great Ideas Scale, Penguin UK, 2022.

[8] Axford, N; Albers, B; Wanner, A; Flynn, H; Rawsthorn, M. and Hobbs, T. (2018). Improving the Early Learning Outcomes of Children Growing Up in Poverty: A Rapid Review of the Evidence. London, UK: Save the Children UK. https://www.savethechildren.org.uk/content/dam/gb/reports/evidence- review.pdf.

[9] Strambler, M.J; Meyer, J.L; Waterman Irwin, C. and Coleman, G. A. (2021). Seeking questions from the field: Connecticut partnerships for early education research.



The Replication Research Project commenced in 2022 and will go until the end of 2026. The three different Replication Centres (referred to as Centres throughout this report) that are part of the project include:

Uniting Vic.Tas Centre in Victoria

C&K - The Creche and Kindergarten Association Centre in Queensland

City of Ballarat Centre in Victoria

These Centres provide a mix of urban and regional locations and a range of service providers (a Community Service Organisation, ECEC provider and local government) allowing PI to better understand whether replication is feasible across a range of diverse contexts.

A fourth Centre, in NSW, is implementing a co-developed model for Aboriginal and Torres Strait Islander children implemented in partnership with Cullunghutti Aboriginal Child and Family Centre, SNAICC – National Voice for our Children and Social Ventures Australia. This Centre is not included as part of this evaluation, and is being evaluated separately.

What is being replicated?

The EYEP model[4] being implemented by PI in the Replication Research Project is an 'intensive care' model of service delivery that differs significantly from universal services. This was an intentional and targeted approach developed for babies, infants and young children with a focus on ages 0–3 years at time of enrolment.

The model has a number of specific features that include:

Participants

- Children are living with significant family stress and social disadvantage
- Children are enrolled before their third birthday
- Families pay no fees for participation

Program

- Children participate for 5 hours per day, 5 days per week, 50 weeks of the year for 3 years
- High staff to child ratios
- Small group sizes
- Small centre size
- Full time Pedagogical Leader to support the implementation of high-quality curriculum and the use of relationship-based pedagogy to build capacity in services
- Part time Infant Mental Health Consultant and Family Practice Consultant
- Full time, experienced educators have 2 hours per day of non-contact time with children for planning, reflection and engagement with families
- Pedagogically driven reflective teaching model that is child-focused and designed to align with the Australian National Quality Framework at the exceeding level and the National Quality Standard
- Orientation and transitions within, and beyond the program are informed by attachment theory
- 75% of children's daily nutritional requirements provided through meals and snacks

Importantly, the Replication Research Project not only includes a proven methodology but also a unique delivery structure that utilises professional development based on extensive clinical/practice expertise. The work of implementation is therefore not just the ***roll out*** of a program. It requires working closely with partners to support the establishment of services with this unique delivery approach and new ways of working. As well as requiring significant supports for practitioners to ensure they are effectively implementing a high-quality program grounded in early learning theories and infant mental health.

In this report, the provision of these supports for implementation are referred to as ***strategies for implementation*** – all of which are proving critical in ensuring that replication is implemented with effectiveness and fidelity in order to achieve the same learning, development and wellbeing outcomes as the RCT.

About this report

This report is part of PI's commitment to develop and disseminate the evidence base around ***what works***. This report is in essence a ***process evaluation*** focused on insights from early implementation. As mentioned, in scaling up any program, it is important to prevent voltage drop, which requires attention to program fidelity throughout the complexities of scaling up in diverse contexts. In scaling up, success lies not just in the planning or conceptual basis of the model, but in addressing implementation gaps – which typically includes less tangible elements or enabling conditions – such as mindsets, power and relationships, and the ways of working of those involved. This is why it is important to consider processes of implementation, not just impact.

In this report, particular attention is paid to the supports that have been required to identify, and where possible, build the enabling conditions across different contexts in order to achieve better outcomes for children and families experiencing significant stress and disadvantage. It focuses on:

SECTION 1
Strategies of Implementation
(what PI has been doing with Centres)

SECTION 2
Signals of Progress
(how this is working in Centres)

SECTION 3
Stories of Impact
(examples of the impacts on children and families)

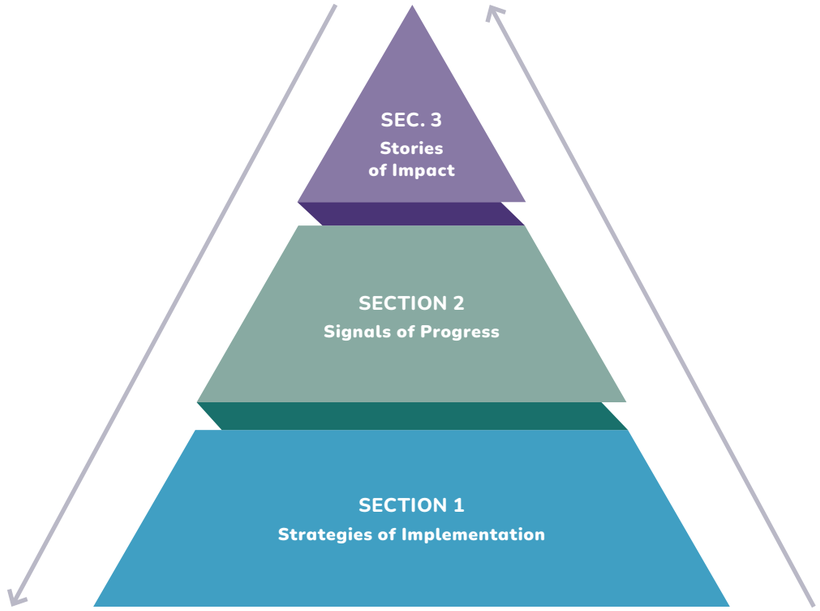


Figure 3: The building blocks of impact

As Figure 3 demonstrates, the ***Strategies of Implementation*** are the building blocks that support and enable the Replication Research Project and PI's broader role in developing an evidence base to influence systems and create change. These strategies of implementation have strong theoretical underpinnings. Different strategies of implementation are captured within this report to show what supports and resources have been deployed to help build the enabling environment and partner readiness for effective replication. Strategies of implementation have been further clustered into three domains of implementation, which are reflected in the structure of this report (see Figure 4):

DOMAIN 1:
Reimagining ECEC service delivery for children and families experiencing significant stress and disadvantage

DOMAIN 2:
Bridging the gap between evidence, practice and policy

DOMAIN 3:
Supporting practice excellence

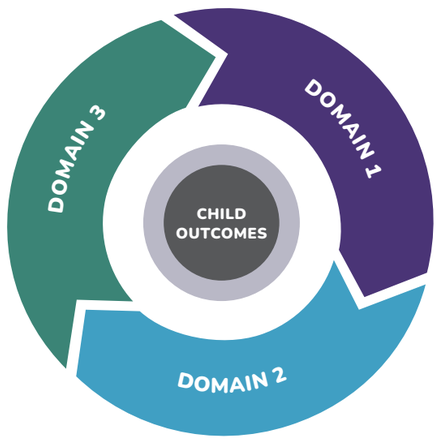


Figure 4: Parkville Institute's three domains of implementation

Signals of Progress refers to examples of positive outcomes of these strategies and processes, with a focus on the effective establishment of a unique delivery approach and new ways of working. Signals of progress are early-stage indicators that a process is moving in the right direction, that the program is being implemented as intended and that the strategies of implementation are resulting in shifts in attitudes, beliefs and ways of working. Each of the three Centres are at different levels of maturity. Uniting Vic.Tas Centre in VIC opened in January 2023, C&K Centre in QLD opened in August 2023, and City of Ballarat Centre in VIC opened in January 2024. It is important to note that signals of progress are impacted by how long the service has been established and not all signals will be observed evenly across all Centres, given their different development stages. Additionally, there are some conditions and contexts that are outside the control of service provider partners or PI.

Stories of Impact are direct stories of positive impacts for those involved in the Replication Research Project. This includes anecdotal evidence of outcomes for Centres, staff, children and families. These stories of impact are evidence of how Centre educators and staff are utilising their understanding of the theoretical underpinnings (for example relational pedagogy), combined with increased pedagogical knowledge and expertise in infant mental health to create outcomes for children and families. Noting that this is not a formal evaluation of outcomes for children. The outcomes for children participating in this Replication Research Project are being formally evaluated by the Melbourne Institute: Applied Economic and Social Research, University of Melbourne. A baseline report on participating children

will be released in January 2025 and the first-year outcomes report is scheduled for release in January 2026. A final evaluation report will consider overall outcomes of the Replication Research Project.

As the Replication Research Project progresses, PI and the Centres will continue to closely monitor fidelity to the model and improve practice by learning from strategies, signals and impacts.

It is noted that the term ***educators*** has been used throughout this report to apply to all Early Childhood Education and Care staff. This includes Degree qualified teachers and Diploma qualified team members. This report specifies Centre Leadership and those qualified in different specialties, such as Infant Mental Health or Family Services.

Data for this report was gathered between May and July 2024 and included:

- A desktop review of previous PI reports and documentation.
- Interviews with 28 people including: Funders, the PI team, Service Executives, and Centre staff – including Family Practice Consultants, Infant Mental Health Consultants, Pedagogical Leaders, Centre Coordinators, Management, and educators across all 3 Centres. In-person interviews were completed at two Centres: City of Ballarat Centre and Uniting Vic.Tas Centre in VIC. Interviews for C&K Centre, QLD were completed online.
- A survey of educators across the three Centres: 17 responses were received from 24 educators employed across all Centres, resulting in a 71% response rate. Responses were evenly spread with 5 from C&K Centre, 6 from Uniting Vic.Tas Centre and 6 from City of Ballarat Centre.

A Note on Collective Contribution

In collaborative efforts such as this one, it is unhelpful to seek to isolate and attribute the impacts of different partners in a collaboration. To this end, it is emphasised that the contribution of PI's partners and funders have been critical to implementation, signals of progress and stories of impact. Their contributions are interwoven across the project. While we use the term ***Parkville Institute (PI)*** throughout the report, we acknowledge the important work of all of PI's funders, service providers and collaborators in making any progress possible. Likewise, in complex environments, it can be challenging to identify which particular input has resulted in a specific outcome, or in this case, a signal of progress. While we acknowledge the contribution of different strategies, we also emphasise that a combination of activities and factors will have contributed to each signal of progress. They are a result of the combined commitment, hard work and ingenuity of all the partners working to support successful implementation at each Centre.

PI'S REPLICATION RESEARCH PROJECT

ABOUT THIS REPORT

Critical enablers

The first step in the Replication Research Project was to establish PI as a research institute and not-for-profit organisation. Social Ventures Australia (SVA) provided PI with generous, crucial and expert advice, consultation and hands-on support throughout the pre-start-up, start-up and implementation phases of the project. The Front Project also generously provided integral operational support and advice during the start-up phase.

Before moving into strategies of implementation, it is important to note that this work has been underpinned by several critical enablers. This includes:

- Authorisation and advocacy of government leaders.
- Committed leadership of Parkville Institute Directors.
- Leadership and values alignment of Centre service provider partners.
- Support of philanthropic funders.

Authorisation and Advocacy of Government Leaders

Government partners have proven critical, with senior leaders going 'above and beyond' to ensure the work was possible.

The senior leadership in the Australian Government (Department of Education, Early Learning and First Nations Priorities Branch) worked to obtain bespoke arrangements around the Additional Child Care Subsidy (ACCS). This required changes to ministerial rules, policy settings and legislation to enable the funding of the services and to navigate challenges within bureaucracy along the way.

The increased funding per child has been a significant enabler of many of the quality structural elements of the program.

The Victorian Government (Department of Education, Early Learning Practice and Participation Division) has been pivotal in:

- Securing critical funding for implementation at the Victorian Centres.
- Creating a process for service provider partner and Centre selection in Victoria.
- Supporting the generation of referrals of children to the services.
- Ongoing coordination and support to the PI team.

Government supporters have been central – not just in the partnerships and funding they have facilitated – but also in the ongoing advocacy and championing of the work to enable it to proceed.

Committed Leadership of Parkville Institute Directors

In conversations with the Founders of PI, Dr Anne Kennedy and Associate Professor Brigid Jordan AM, it became clear they have lived and breathed the work of PI through their deep commitment to changing the life trajectories for infants and young children living with significant family stress and social disadvantage. Underpinning their work is the inherent assumption that the life trajectories of all children can be altered with the right inputs. They also deeply believe that every child, no matter their circumstances, deserves to have high expectations for their learning, relationships, services and supports.

PI'S REPLICATION RESEARCH PROJECT
CRITICAL ENABLERS

Without their significant advocacy and dedication to securing support for the Replication Research Project, it would not have proceeded.
It was confidence in their ability to implement a proven methodology at scale that helped secure the funding for the project through state and federal government and philanthropic partners. Their commitment to research and measurement of children's outcomes, no matter the implication of the results, helps to build a robust evidence base and contributes to our understanding around how to create greater equity of outcomes in early childhood.

Implementation of the Replication Research Project has also called on their expertise and leadership in ways they could not have anticipated. In addition to their deep clinical and research expertise, they embody what is means to bridge the gap between evidence and practice.

Another important component is the attention to leadership sustainability and succession planning. PI employs Senior Advisors in both Infant Mental Health, and Curriculum and Pedagogy, who have received significant training and support from both Anne and Brigid. These advisors in turn support the onsite Centre Leadership and educators to build capability and increase sustainability at each Centre.

Leadership and Values Alignment of Replication Centre Partners

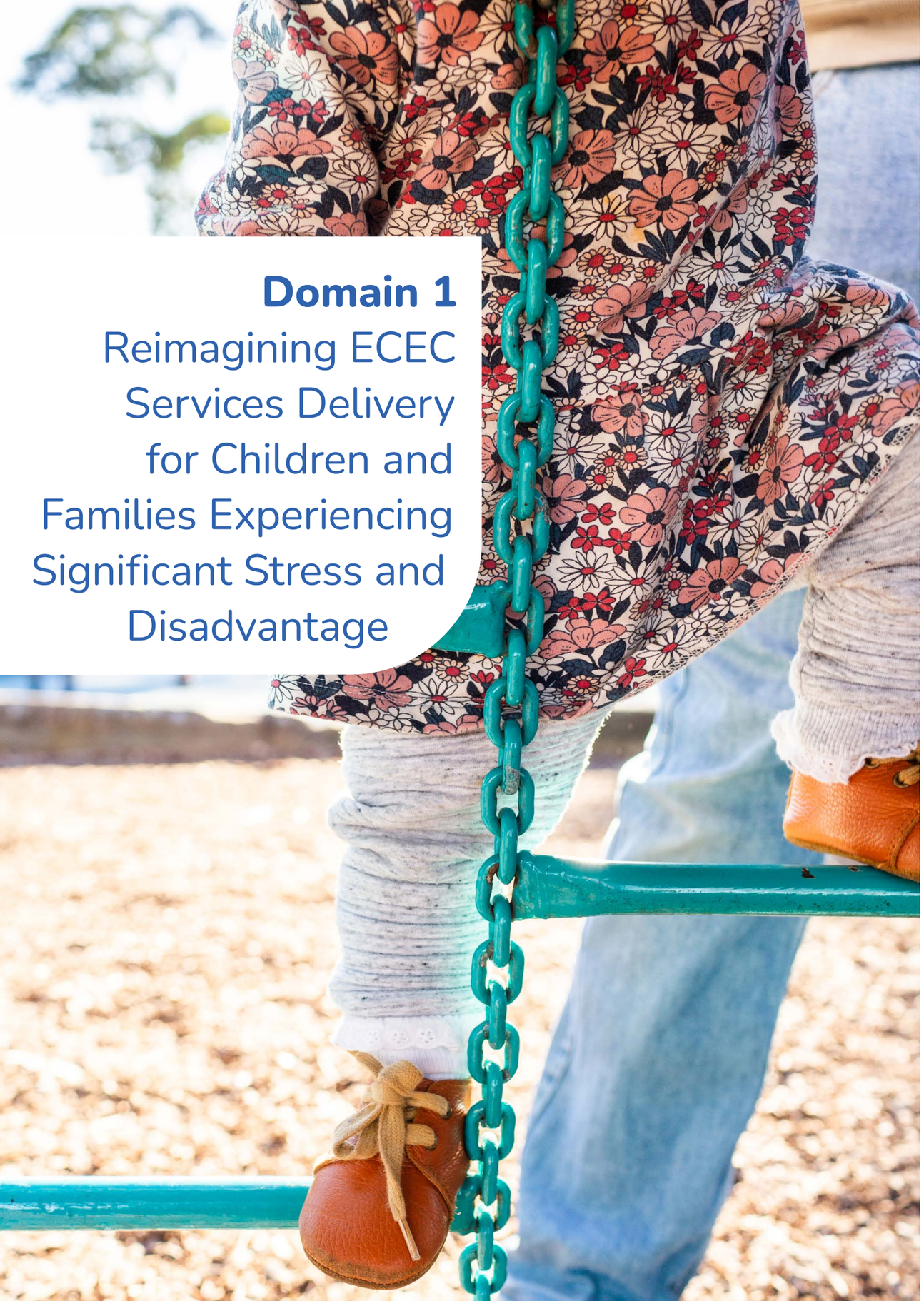
Finding service provider partners who were committed to equity and making a difference, was essential for the creation of the Centres as a part of the Replication Research Project. From PI's perspective, this values alignment was a prerequisite for selection. All of the service partner organisations came into the partnership with a strong existing commitment to serving their communities and changing the trajectory of children and families experiencing significant stress and disadvantage. This alignment has been critical to successful collaboration.

It would be remiss not to acknowledge that leadership from within the service provider partners has also been critical. Building and renovating appropriate sites as Replication Centres has required advocacy, a strong commitment and more resources than anticipated. The unique delivery approach has also required significant effort, commitment and adaptability from each of the services. Some services have also made significant organisational changes in order to support and develop the program's ways of working. With all the complexities of implementation, they have provided ongoing support and continual backing for the work.

Support of Philanthropic Funders

In addition to government funding, philanthropic funders have been critical to the Replication Research Project. SVA was, and continues to be, a crucial connector, advocate and strategic advisor to PI to broker and support relationships with government and philanthropic funders. Philanthropic funding from the Paul Ramsay Foundation is funding the backbone operations of PI. This has been critical during Centre establishment as well as for ongoing operational support. Funders have also been important thought partners and champions of the project.

Additionally, through connections coordinated and nurtured by SVA, philanthropy has enabled the project to extend to Queensland, with The Bryan Foundation supporting the work at the C&K Centre in Queensland.



Domain 1

Reimagining ECEC Services Delivery for Children and Families Experiencing Significant Stress and Disadvantage

Summary

Implications for systems change:

It is clear that there are positive signals of progress occurring and that these signals are evident across a variety of settings. This is critical early evidence that successful replication of the unique, evidence-based intensive ECEC model is possible in diverse contexts.

It is also clear that efforts to create and build the right ***enabling conditions*** for implementation at Centres have begun to pay dividends. A key insight is how important it is to foster new ways of thinking and working, as well as forging connections in order to enable readiness and effective implementation.

Likewise, recruiting ***values aligned*** organisations and working in partnership with them to build this readiness has also been critical.

Key strategies of implementation include:

- Intentional selection of values aligned service provider partner organisations.
- Careful location and establishment of Centres.
- A 'relational approach' to working with partners.
- A non-hierarchical leadership model (adaptive leadership) within each Centre.

These strategies are leading to signals of progress, including:

- Building trust and connection is generating allyship between partners.
- A strong sense of shared purpose is underpinning strong commitment.
- A relational way of working is being mirrored at all levels.
- A culture of shared leadership means a team that is supportive of each other.

For children and families, this means:

- Children are experiencing respectful and trusting relationships.
- Routine and regular participation in the program is supporting the parent's relationship with their child and engagement with their role as their child's first educator.

Strategies of implementation

The Replication Research Project has been designed to provide the rigour and fidelity required for research, minimise the potential ***voltage drop*** of scaling up, and enable flexibility to tailor the program to context (see ***What is being replicated*** section for details). Importantly, the Replication Research Project has required the re-imagining of Early Childhood Education and Care (ECEC) service delivery for children and families experiencing significant stress and disadvantage. Key strategies for implementation include:

Intentional selection of values aligned service provider partners organisations.

At commencement, when PI was considering potential partners, it carefully considered service providers who would be a strong cultural and relational fit. They worked to find values aligned partners that shared a strong commitment to equity and improving educational, social and economic outcomes for children and families experiencing significant stress and disadvantage. With this commitment, service providers were open to establishing the unique service delivery required for the Replication Research Project. This included a comprehensive Expression of Interest (EOI) process and a series of selection interviews and conversations with service providers before partnerships were agreed. Ensuring these shared values and ethics were embedded in ways of working has also been an ongoing element of the work for PI and its partners.

Careful location and establishment of Centres.

It has taken significant effort and perseverance to:

1) **identify and secure suitable locations for Centres; and,**
2) **work to establish the services on each site.**

This work has included setting up program and service delivery, as well as re-purposing buildings and equipment to meet or exceed National Quality Framework requirements for indoor and outdoor space and resources. There was also a need to ensure there were offices for the Centre Leadership team, a private meeting room, safe car parking for families, spaces for families, educator meeting and planning spaces, a well-equipped kitchen and a child and family friendly foyer. This has been shared work collectively led by Centre service provider partners, funders, and the PI team.

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 1:
STRATEGIES OF
IMPLEMENTATION

A relational approach to working with partners.

A relational way of working means starting with relationships as the key foundation for effectively working together. PI has engaged deliberately with all of their funders and Centre service provider partners to form strong, robust relationships. These relationships have allowed them to work effectively together and to navigate the challenges of implementation collectively. Key to this approach has been an open dialogue including ongoing conversations, regular meetings and check-ins.

'We got an invitation to a session on the EOI and obviously fell in love with it. I was like "Cool, how is this funded and what does it look like?" ...And so we started project planning and looked at putting in for approvals and putting in the EOI at the start. The time it takes to get set up is definitely noticeable.'

– Program Manager

A non-hierarchical leadership model (adaptive leadership) within each Centre.

A key feature of PI's approach is a non-hierarchical leadership model (adaptive leadership) at each Centre. This involves a multi-disciplinary Centre Leadership team comprising Pedagogical Leader, Infant Mental Health Consultant, Family Practice Consultant and Centre Coordinator who work together to support educators and staff. This structure was developed to:

Enable team members to support complex families, share expertise and resources, and reduce the burden on individual staff members

Value the expertise of each team member, both within their discipline and as a cross disciplinary support

Provide immediate, real-time response to staff and educators

A non-hierarchical leadership model (adaptive leadership) brings rewards and challenges. This is significantly different from a more traditional hierarchical model that typically features in ECEC services. Much work has been done to establish this approach and, for newer Centres, establishment is still in progress.

Signals of progress

Early ***signals of progress*** show how ways of working and enabling conditions are being established in Centres. There is clear evidence that the work to re-imagine ECEC service delivery for children and families experiencing significant stress and disadvantage is having an effect. Signals of progress include:

Building trust and connection is generating allyship between partners.

Addressing the relational components of implementation is often a critical implementation gap and usually goes unaddressed. As mentioned above, PI has made it a ***way of working*** to embed relational practice across their workforce. The close work that PI does, hand-in-hand with Centre teams, has generated a high level of collaboration. It has also generated the development of strong trusted partnerships. A key outcome of this is the sense of allyship and equity amongst partners. Interviewees spoke specifically about the ability to work together in open and honest dialogue. They saw this as a key ingredient for successfully implementing what is a unique approach and delivery structure.

'I think the relationship we have with PI staff is we're pretty frank and fearless with one another. I think it means that we can work through to finding shared understanding and then finding a pathway through issues as they arise.'

– Service Provider Executive

A strong sense of shared purpose is underpinning strong commitment to systems change.

As mentioned above, the Replication Research Project features values aligned partners that share a strong commitment to equity and reducing the educational, social and economic gaps to improve outcomes for children and families experiencing significant stress and disadvantage. The passion and commitment of partners is evident in the amount of discretionary or ***extra*** effort being contributed – not just in service to the Replication Research Project but, ultimately, in service to outcomes for children and families. Partners have also put a significant amount of work and resourcing into establishment. For example, renovating appropriate centres and recruiting a skilled, experienced team has required advocacy, a strong commitment and more resources than anticipated. It is this commitment which is allowing the project to not just be successfully implemented, but also a force for systems change.

A relational way of working is being mirrored at all levels.

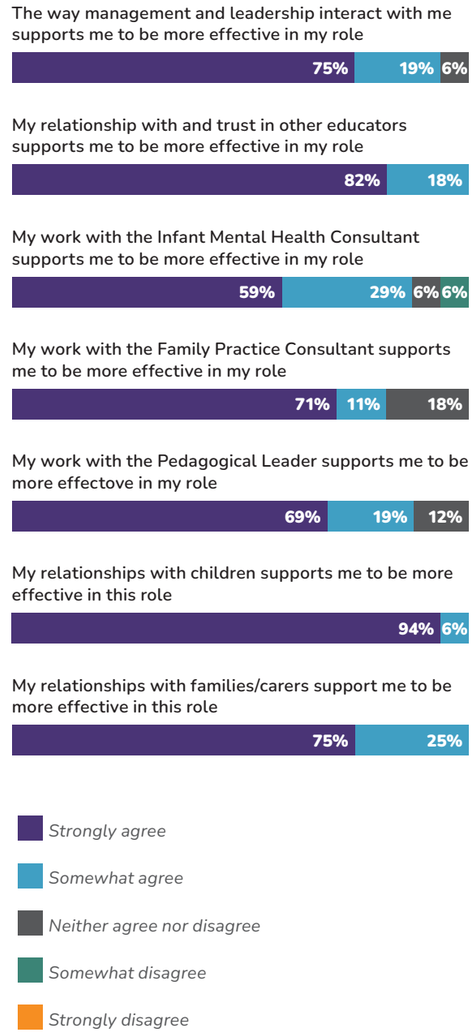
PI's distinctive leadership approach and relational way of working are key enablers of implementation across all levels, and support capacity building around relational ways of working for staff. This practice with partners is now being ***mirrored*** in all of the services, and is a key part of the culture. A ***relational way of working*** prioritises the establishment and maintenance of respectful and inclusive communication and relationships; embodying core values such as honesty, compassion, mutuality, cooperation and humility.

A key mechanism for this has been the non-hierarchical leadership model (adaptive leadership), which prioritises a relational way of working. The Centre Leadership team is working in this way with staff, as well as staff modelling this with children. Importantly, families are seeing this same level of respectful intentional engagement between staff members and children, and staff members and families (see also 'Supporting Practice Excellence' section for additional information). Interviewees echoed the importance of this relational way of working as critical in fulfilling their role in the project. In particular, Figure 5 shows survey responses where educators indicated a strong level of agreement with the statements on relationships being critical for the effectiveness of their work.

'We are focused on the relationships with the partners, the relationships within the centres, and everything is mirrored. So what happens in the centres is mirrored in our relationships with the service provider and then hopefully with funders – and a lot of that is relational.'

– PI Director

Figure 5: Educator perspectives on relationships and role effectiveness



A culture of shared leadership means a team that is supportive of each other.

The culture of shared leadership means leaders support each other. And as the Centre Leadership teams have begun to work effectively together, developing open ways of communicating and resolving challenges, this has proven valuable to educators. Several interviewees highlighted the value of always having someone to approach with any challenge, big or small. The ***on the ground*** nature of the leadership roles, together with the open door policy of problem solving, is key to this outcome.

'The hope is to support children to thrive. I'm holding their [my team's] hand, so they can hold the hands of the children.'

– Centre Coordinator

Stories of impact

The following are stories of positive impacts for children, families and services. This anecdotal evidence has been provided by Centre staff and shows the changes they are beginning to observe on the ground.

Children are experiencing respectful and trusted relationships.

Linked to the mirroring of relationships at every level, several interviewees spoke about the importance of modelling respectful relationships to children and families. Children are "constantly seeing what respect is" (educator) and families are also observing how the educators interact with the children. Children are learning to build trusted relationships with adults that they may not have previously had the opportunity to build. This is especially critical for children and families living with multiple coexisting risk factors and vulnerabilities; where parents may not have experienced parenting that met their emotional and physical needs as children.

'We are modelling that. So they are watching and they're seeing how the children come in and say hello to us and how we're greeting the children and we're getting down on the child's level and we're showing excitement and joy about the child being there.'

– Educator

A number of educators identified the higher ratios of staff to children as a key enabler in strengthening their relationships with children and families. And 100% of educators strongly agreed that their relationships with children in the program was helping them to be more effective in their work.

As a result of these positive relationships being forged, children are being seen to demonstrate much greater voice and agency. As one educator said, the consistent approach of asking for a child's input and view now means the child's expectations have shifted and they "expect to be consulted about everything all the time". This was seen as a very positive shift in behaviour.

'We're building relationships, but we're also becoming a trustworthy person in that child's life. And so where they might have been let down by relationships before, they're now realising that relationships with people don't always present and look that way. And so we're giving them that trusted experience so they know 'this person is here to love me and care for me and help me and perhaps there's other adults in my life that can be that for me'.'

– Educator

100% of educators agree or strongly agree their relationships with children in the program helps them to be more effective in their role.

Related to this were observed changes in the attachment between children and parents. Educators spoke about the importance of role modelling. One educator shared the story of how a young child had begun to interact with her mother in a different way, which will have a profound effect on their future relationship as well as the child's development

'This is the children's place and they are really valued and heard. And I think that's a real change for them and they raise their standards of expectation about how adults should be with them.

– Educator

'Quite often when the family starts, there is not a great level of attachment and so as we model that and as we build healthy and trusting attachments with the children, their relationships with their parents are changing. And I have a child who wasn't tuning in with Mum and Mum would leave and the child wouldn't acknowledge her. And then Mum would come back and the child would just continue playing. But now the child will look at Mum and say goodbye. And then when she comes back, the child will say "Mum, you're back" and give her a big hug. And just seeing the look on Mum's face and what that does for her, she's become a significant part of her child's life. Where she sort of felt that, you know, she didn't really know where she fitted in before.'

– Educator

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 1: STORIES OF IMPACT

Routine and regular participation in the program is supporting the parent's relationship with their child and engagement with their role as their child's first educator.

An example was shared by an educator who spoke of a young child who had been in foster care and whose mother had only recently regained custody. The creation of routines and regular attendance was seen as critical in supporting the achievement of developmental milestones, as well as in forging a stronger relationship between the mother and child.

'The child's mum was still learning about her role in her child's life, and how to parent as her child had been in and out of her care. The child didn't really know how to play or engage with other children or carers; running around the room like "a hurricane". Through the routine and consistency offered, coming in every day, there has been great progress for both the mother and the child. The child is now calmer, exploring the room more, engaging, talking and meeting developmental milestones. Attendance has also allowed mother and child to have a shared activity and routine. The service has also helped to support mum build confidence in her parenting, as she sees the progress and shared joy built around the child's development.'

– Educator

Another educator observed that improved routines were now being implemented at home as well.

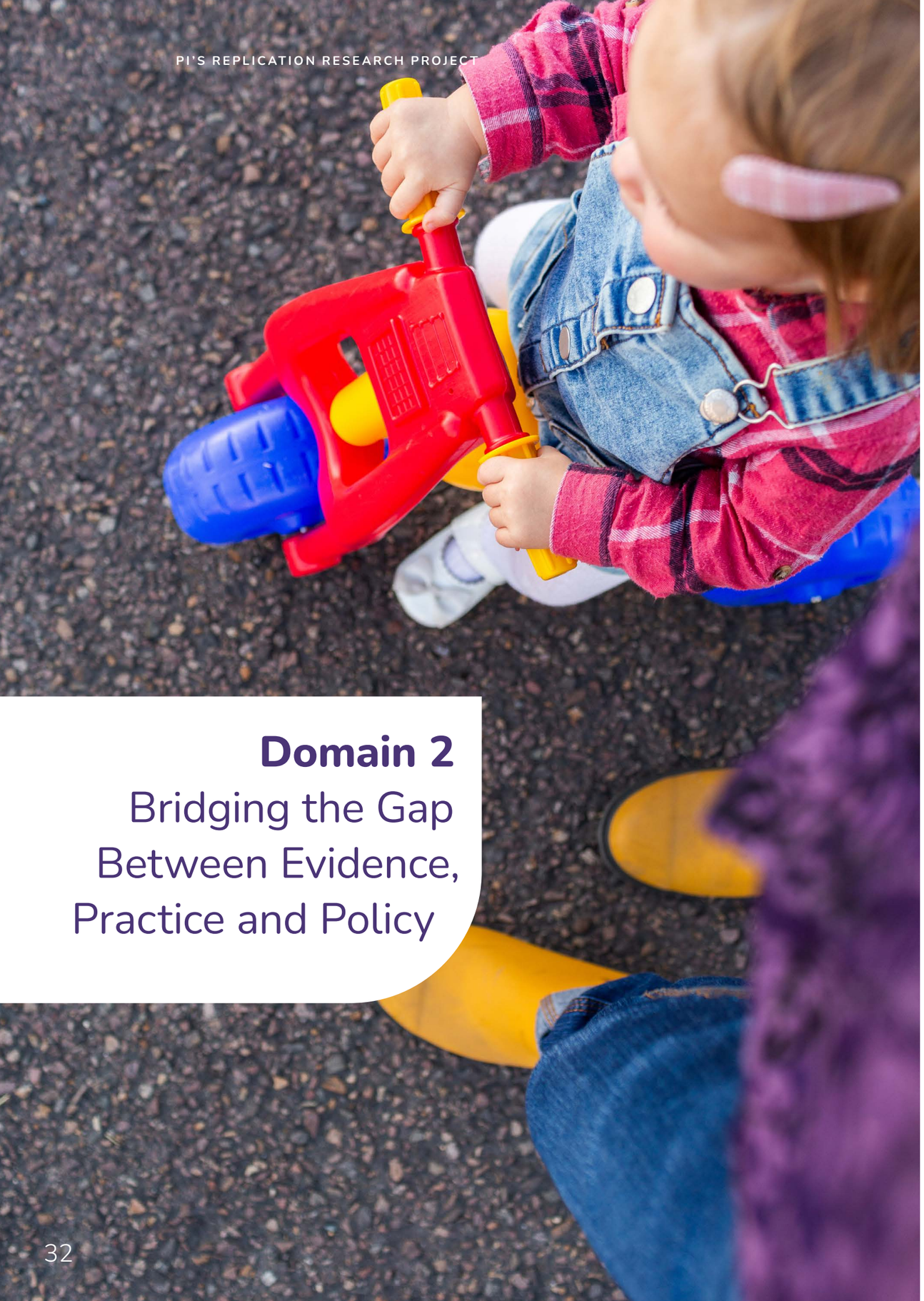
'You know the children were going to bed late at night. Now they're going to bed at a reasonable hour, and that's made a huge difference for her. She's taking steps to implement a routine at home.'

– Educator

A Pedagogical Leader drew a link between strategies such as relationships and routines and greater social emotional learning and regulation for children at the Centre. They spoke about how this progress was being sustained, even when the child might still experience complexities in the home environment.

'Children are coming in and sometimes even when they come in on a Monday morning to where they are on a Friday its different. We know that they go home and you know for the weekend things happen and they come back on Monday – but they don't come back at the same level of heightened emotional dysregulation, so you can see those small steps.'

– Pedagogical Leader



Domain 2
Bridging the Gap Between Evidence, Practice and Policy

Summary

Implications for systems change:

The work to bridge the gap between evidence, practice and policy has been a key feature of the Replication Research Project. It is evident from the interviews and survey that the multi-disciplinary expertise underpinning the approach is both highly valued and highly effective. Likewise, extending the application of relational pedagogy to the engagement of families is ensuring that parents are playing a positive role in the learning and developmental milestones of their children. In this way, engaging with their role as their child's first educator.

Key strategies of implementation include:
The model is built on evidence.
The evidence base is being grown through robust research.
PI acts as a bridge between research and practice.
PI is bridging the gap between lived experience, evidence and policy.
The leadership team has multidisciplinary expertise.
Resources are allocated to on-the-ground and responsive implementation support.
PI is filling critical workforce and expertise gaps.
Parents are involved in a sustained way.

These strategies are leading to signals of progress, including:
Clinical and practice expertise is underpinning practice excellence.
Multi-disciplinary and real-time professional development is increasing staff confidence and capability.
Multiple perspectives and frameworks are strengthening decision making.
Responsive implementation support is leading to effective and ethical service delivery.

For children and families, this means:
Clinical expertise helps educators better support families.
Greater parent orientation is building sustained engagement.

Strategies of implementation

The model is based on evidence.

As mentioned, the ***intensive care*** model implemented by PI was first trialled through a Randomised Control Trial (RCT) of the Early Years Education Program (EYEP). EYEP was the first RCT of an early years education and care intervention in Australia. It was an intensive, high quality ECEC program that achieved remarkable learning and developmental outcomes for children[2]. This included statistically significant increases in IQ and reduced social emotional problems. See ***About Parkville Institute*** above for details on the initial RCT and the Replication Research Project.

The evidence base is being grown through robust research.

PI continues to develop research that advances evidence informed policy and practice in the ECEC sector. After the success of the RCT, the current Replication Research Project will produce both qualitative and quantitative data. It aims to evaluate whether the strong outcomes for children can be reproduced in different contexts and settings. It will also support understanding of the effectiveness of PI's support to Centres in ensuring fidelity of the model, as well as identifying the barriers and enablers of implementation. This will help to inform future scaling of the model.

PI acts as a bridge between research and practice.

Together with service provider partners, there is important ***bridging work*** to be done in order to ensure that the worlds of research and service delivery can complement each other. In particular, PI plays an important role in working as a bridge between research and practice. There are a number of roles that it plays to help support the movement of evidence across the bridge and into the practice of Centres. Centre service provider partners also play critical bridging roles (see Figure 6).

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 2:
STRATEGIES OF
IMPLEMENTATION

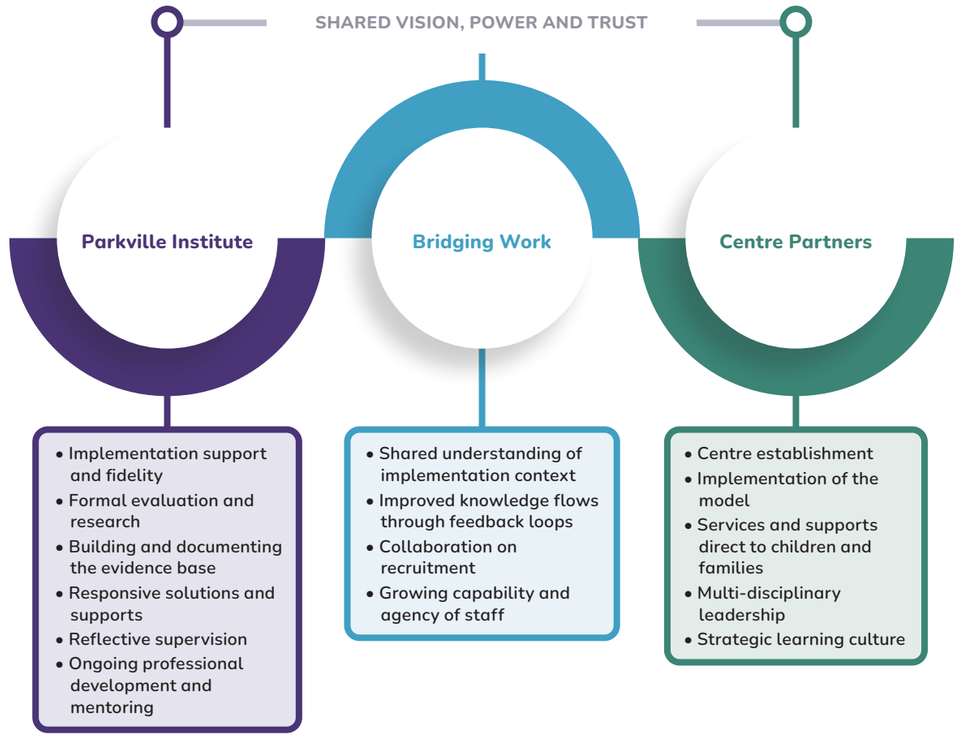


Figure 6: Replication Research Project bridging roles

PI is bridging the gap between lived experience, evidence and policy.

PI continues to advocate for children and families living with significant adversity by using data generated in the original RCT, and by sharing evidence generated throughout the Replication Research Project. Through their research, PI is able to highlight specific aspects of the project relevant to policy makers e.g., the importance of specific pedagogical and practice approaches or, their learnings around workforce recruitment and retention. This helps support the inclusion of these elements in policy decisions going forward.

They have also advocated on the challenges and enablers of implementation through multiple forums and across government jurisdictions including:

- Appearing at the Royal Commission into Early Childhood Education and Care (South Australia) as an invited witness.
- Making a submission to the Productivity Commission's Inquiry into Early Childhood Education and Care.
- Attending the Early Years Strategy Roundtable hosted by the Australian Government Department of Social Services.
- Ongoing discussions with the Victorian Department of Education and Australian Government Department of Education.

PI plans to continue to use the evidence to expand this work through ongoing advocacy, development of policy briefs and insights reports, and continued dialogue with government partners.

Another important aspect of PI's work is their ability to share specific implementation insights relating to a family's on-the-ground experience and to use this information to impact policy settings, such as access issues to the Additional Child Care Subsidy.

The leadership team has multi-disciplinary expertise.

As mentioned above, each Centre has a multi-disciplinary leadership team that is comprised of a full-time Centre Coordinator, a full-time Pedagogical Leader, a part-time Infant Mental Health Consultant and a part-time Family Practice Consultant. The fact that this team has multi-disciplinary expertise that supports the model, helps to ensure educators at each Centre are provided with appropriate mentorship, coaching, guidance and informed advice and expertise to implement the model.

Resources are allocated to on-the-ground and responsive implementation support

Another element of the approach is the provision of ***responsive*** implementation support. This means the PI team engages with Centres regularly to discover any unexpected challenges or unmet needs and to address these as rapidly as possible. PI's support also allows practitioners to go directly to clinical experts with deep practice experience in order to resolve queries or challenges.

'PI's role is in that relationship building – that holding in mind, the being available at the end of the phone, the plugging the gaps.'

– PI Director

PI is filling critical workforce and expertise gaps.

In some cases, critical gaps in expertise have emerged at Centres due to circumstances outside PI's or its partners' control. Much of this is related to the wider challenges of recruitment during an ongoing workforce shortage across the ECEC sector and associated specialties in Australia. To this end, PI's Senior Advisors have provided significant direct expertise and support to the Centres; often stepping into roles normally performed by the Centre Leadership team that, due to recruitment issues and workforce shortages, have not been possible to fill. In filling staffing gaps, the goal is to ensure that the whole team feels supported and fidelity of implementation is maintained.

For example, this includes:

The Senior Advisor of Infant Mental Health (and on occasion the Executive Director) providing the consultation services that would usually be provided by the Infant Mental Health Consultant (with recruitment still in progress) at one of the Centres.
The Senior Advisor of Pedagogy and Curriculum providing many hours of reflective supervision for the teaching staff – a function that would normally be part of the role of the Centre Coordinator and Pedagogical Leader (with recruitment still in progress).

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 2:
STRATEGIES OF
IMPLEMENTATION

Parents are involved in a sustained way.

Bridging the gap between evidence and practice is not only about the bridge between researchers and practitioners, it is also about the bridge between practitioners and families. PI's philosophy is that there should be active engagement of families as collaborative partners in educating their children. To help bridge this gap, twelve weekly planning meetings are held between educators and parents or carers. The goal of these meetings is to provide the structure for a shared approach to children's individualised learning and developmental journey, as well as to support families as their child's most important and enduring educator.

Parents or carers also attend an initial orientation process with their child and are encouraged to visit the Centre regularly.

Dedicated ***relaxed spaces*** for families in the Centre help to signal this invitation. Many families are very isolated by their life experiences and have not had many opportunities to be part of a community before. The three Centres are fostering a greater sense of trust and community by setting up informal meeting spaces. Some Centres are also starting to do ***coffee and chat*** mornings where families can meet in a safe environment.

The on-site Family Practice Consultant supports the family's engagement at the Centre, including supporting them to find assistance with daily challenges (e.g. housing, finances) and helping them to engage with community services more broadly. Where required, collaborative practice extends to the Family Practice Consultant working with other agencies that may be involved with the child and family.

Signals of progress

Clinical expertise is underpinning practice excellence.

The strong clinical expertise of the PI staff supports practice excellence, particularly for infants and young children. Educators receive training from their Centre Leadership team and PI to understand the theoretical evidence behind practice approaches, ensuring they are better able to understand what the evidence is saying regarding interventions. This in turn alters their real-time interactions with children, supporting educators to work in a more evidence informed manner.

'There's the support to be able to do the work, and there's the structural elements that support that, like the infant mental health consults and the reflective supervision that they do fortnightly. And then there's the ongoing professional development. So we did a suite of professional development initially, but then there's also the capacity to draw on different professional development as the team needs it. So it can be responsive. For example, if the team needs a bit more in depth understanding of the primary educator model, Parkville can come back in and do another session around that. Or the multidisciplinary leadership team can run sessions around the different areas which support that too.'

– Educator

Multi-disciplinary and real-time professional development is increasing staff confidence and capability

For educators, one of the highlights of the Replication Research Project has been the ***real time*** professional development that they have received from working with Infant Mental Health Consultants and Family Practice Consultants on site. For some, understanding the child's behaviour and motivation so soon after it occurred, was felt to be much more effective than structured learning sessions long after the event has passed. This has been enabled by:

An infant mental health assessment with each child as they commence in the program.
Fortnightly infant mental health consultation for each room led by Infant Mental Health Consultants on the team.
Bi-monthly multidisciplinary practice workshops with all staff and the multi-disciplinary leadership team.

Multiple perspectives and frameworks are strengthening decision making.

Enabled by a non-hierarchical leadership model (adaptive leadership), decisions are made collectively at Centres and not only include an Early Childhood perspective, but also Infant Mental Health and Family Practice perspectives. This ensures that the family perspective and the voice of the child are factored into critical decisions. Many of the educators interviewed commented on the power of having diverse expertise as part of the everyday delivery team. Likewise, Infant Mental Health Consultants and Family Practice Consultants, spoke about the importance of having other allied health colleagues as peers in the team; as this allowed staff to consult with and support one another's practice and decision making.

'We are trying to view everything through the lens of the of infant mental health, attachment and trauma theory, and the Infant Mental Health Consultant helps with that.'

– Centre Director

Responsive implementation support is leading to effective and ethical service delivery.

The ability to provide responsive implementation support has been enabled by trusted relationships and open dialogue. Examples of how open dialogue has worked well was shared by interviewees. In one example, the Family Practice Consultant role had been identified by Centre staff as a role that was under-resourced at only two days per week. This feedback was able to be shared with PI and in response, some Centres have increased the resourcing to enable a Family Practice Consultant to work three days per week. This has significantly strengthened the service offering for children and families. Having this role embedded on site has been so successful that one service provider, has introduced a Family Practice Consultant role two days a week at one of their kindergartens.

'If you take the relational approach, when you meet with them you can say "so what do you think the issue is?" And what came out of discussion was that maybe we should increase the Family Practice Consultant's time fraction, so that they have some extra time to do the networking in the community to find the referrers to build relationships. We said we'd be happy to support that if the service provider is happy to support that.'

– PI Director

In being open and responsive to the needs of the Centres, PI is modelling what it means to work collaboratively to overcome challenges. This two-way feedback loop is a unique feature that is enabled by a ***flat hierarchy*** and by ongoing attentiveness to both relationships and implementation fidelity, rather than a ***set and forget*** approach.

One of the significant learnings from this has been that the need for responsive implementation support is even more critical than expected. There is likely to be a need for enhanced resourcing to support this responsive function in the future.

Stories of impact

'Having a Family Practice Consultant has been really good because there's been times when I've been able to go to her and say, "hey, you know, I feel like this family is facing some challenges right now in these sorts of areas." And then she follows that up with the family with a discussion about how we can support them with whatever the challenges might be. So that is very helpful. I had it with one of my parents this week where they came in really distressed and really distraught. And I know I can go "Okay right let's get you set up with the Family Practice Consultant. Let's sit you down there." I can then let go of that, knowing that it's being managed and it's being dealt with, and I can just get on with "what does this mean for the child and focus on my work with the child?" as opposed to always worrying. I can let go of all that noise and trust that someone else is taking care of that and knowing that they will then check back in with me as well.'

– Educator

The following stories of positive impacts for children and families help to demonstrate the important roles of both the Infant Mental Health Consultant and the Family Practice Consultant, as well as the critical intentional approach to parent orientation and engagement.

Clinical expertise helps educators better support families.

Several educators spoke about the importance of having clinical expertise and Family Practice Consultants available to help navigate the unique challenges experienced by families. This sense of a ***shared load*** was critical for staff. There were many stories shared to this effect. For example, one educator shared the story of a family at the Centre that was clearly experiencing distress, who were then able to set up a meeting with the Family Practice Consultant to support the family that same day.

Educators also spoke about the importance of the support of the Infant Mental Health Consultant. They saw this as helping them provide better responses to the needs of the children. For example, a story was shared about a child that was too heavy to be safely lifted. They spoke with the Infant Mental Health Consultant to better understand alternative options that would still meet the needs of the child.

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 2:
STORIES OF
IMPACT

'We were actually really able to sit down with the Infant Mental Health Consultant and unpack what it means – why do children want to be picked up? What can we do instead? And we really unpacked that in depth. Then we were able to bring it to the morning meeting and share it with everybody so that everyone was on board.'

– Educator

Another educator shared the story of a child who came from a family in a complex situation, and who was very shy and withdrawn. The service focused on trying to better understand and support the child. This meant working as a team with both the Family Practice Consultant and the Infant Mental Health Consultant. Formal meetings and informal consultations were held to support the educators to create a response. For the family, this has created a tangible shift in their ability to engage, enjoy and understand their child.

'This little girl was in a family where, due to complexities, she was having to be the perfect child. She couldn't afford to break the routine because otherwise it would have been too overwhelming, her parent would have crumbled... As the child settled into the service, she became much more confident in her space. Her parents have said when they go out she's now also really confident meeting new people.... Just now having the space here to have some big emotions, I think she has really discovered her own voice.... For the family, there is more hopefulness.... I think there is more delight and they are able to "see" their child more.'

– Educator

Greater parent orientation is building sustained engagement.

An important step to working effectively with families is first building trust and communication, before establishing more sustained engagement. To this end, educators spoke about the importance of an intentional onboarding and orientation for parents and carers into the Centre and its services. For example, one interviewee reflected on the impact of orientation for a parent who had a negative experience at another childcare service with their older child. At the Centre with their younger child, they were part of a much more thoughtful orientation. They were also invited back to visit their child any time, helping to reduce anxiety and build trust. This in turn helped to build sustained engagement with this parent which is critical to the overall implementation approach.

'I think it's the trust. Like so when they had their older child in childcare, their child was thrown in – they didn't do a very good orientation. And then they cried. The parent was anxious and it was all really, really stressful. And here, I think having the parent in the room and doing that really nice slow orientation, letting them stay as much as they like, was important. They'd start leaving, but just for two hours and come back. And it was kind of organic. They would come back and check in.'

– Educator

Domain 3
Supporting Practice Excellence

Summary

Implications for systems change:

For PI, practice excellence extends beyond formal guidelines and standards and into the culture, relationships and everyday practices at a Centre. As the following shows, there are many factors at play in supporting practice excellence. In particular, the work to grow pedagogical capability within the workforce has proven to be critical. This has been enabled by strategies such as reflective supervision and providing time and space for all team members to focus on pedagogy and curriculum. Again, a relational approach plays a key role here, enabling staff to feel confident and supported. This in turn increases the confidence and engagement of families. The importance of a sense of a shared purpose and ***allyship*** across staff and families, that results from practice excellence should not be underestimated.

Key strategies of implementation include:
A package of supports to grow the pedagogical capability of the workforce.
A shared vision co-created at each Centre.
Intentional recruitment leads to dedicated staff.
Reflective supervision available for all staff.
There is time and space to focus on pedagogy and curriculum.

These strategies are leading to signals of progress, including:
Increased wellbeing of staff is leading to increased staff retention.
Reflective supervision is supporting unique ways of working.
Workplace culture and capability building is leading to sustained changes in the practice of individuals.
A relational approach is building a strong culture of support and safety for staff.
Learning and planning time is increasing the ability to focus on child outcomes.
Professional development and capability building is seeing educators grow their understanding of their professional identity and role as infant and toddler specialists.
Allyship across the staff team is extending to allyship with families.

For children and families, this means:
Families are responding to a sense of safety and belonging.
Participation in the program is generating different parenting strategies and routines in the home.

Strategies of implementation

A package of supports to grow the pedagogical capability of the workforce.

As new staff commence at each Centre, they receive a package of education and training provided by PI to deepen their knowledge and confidence in the implementation model and the underpinning theoretical foundations. This includes a strong focus on relational pedagogy informed by learning theories and infant mental health knowledge (including attachment and trauma theory). Creating a shared understanding of the rationale and approach to other key features of the model is also critical, including:

Support to access wrap-around family services
Meeting nutritional needs
Ensuring parental involvement

There is also the need for a rigorously developed curriculum that enacts the Early Years Learning Framework principles and practices at an ***exceeding*** level. To support this, PI has provided professional development, coaching and mentorship to support implementation of the model. To date, PI have provided over 100 hours of professional development to the three Centres. While there have been some delays in professional development due to resourcing, training for current and new staff is ongoing and tailored to meet identified needs.

Additional capability building and mentoring has also been embedded to support PI's non-hierarchical leadership model (adaptive leadership) in Centres. This was an unanticipated component of implementation. However, professional development around alternative models of leadership is now paying dividends. Interviews with Centre Leadership confirmed the benefits of support from PI in establishing the unique leadership and delivery structure.

A shared vision is co-created at each Centre

PI has supported each Centre to create its own shared vision for what it wants to achieve. Each centre has co-created a meaningful shared vision with partners and staff, and it is articulated in a clearly defined centre philosophy, tailored individually to place. Educators identified the accompanying clarity of purpose as a key component of their work.

'The shared vision for this place was extremely intentional and there was a lot of time and discussion and reflection and honesty and vulnerability.'

– Educator Director

PI'S REPLICATION RESEARCH PROJECT

DOMAIN 3:
STRATEGIES OF
IMPLEMENTATION

Intentional recruitment leads to dedicated staff.

In addition to seeking and working with values-aligned organisations, PI and its service provider partners have also intentionally recruited staff with aligned values. Despite the Australia-wide workforce shortages in the ECEC sector, PI and service provider partners have ensured team members have a desire and the ability to work with children living with adversity. Together, they have undertaken this recruitment carefully to ensure a workforce with an openness to new ways of working and a commitment to excellence in practice. Reflective of the broader sector, there has been some turnover in the Centre Leadership teams and some positions remain unfilled. However, the workforce across the Centres are both highly functioning and dedicated.

'For me, definitely it's the level of commitment from everybody.'

– Educator

Reflective supervision is available for all staff.

Regular reflective supervision is provided for all staff. Reflective supervision is provided by the Centre Coordinators and Pedagogical Leaders for the teaching teams, and by PI to the Centre Leadership teams. Specifically, PI provides fortnightly reflective supervision to each member of each Centre Leadership team to further develop expertise. To date, over 460 hours of reflective supervision, program coaching and mentorship has been provided by PI to the Centres.

There is time and space to focus on pedagogy and curriculum.

The model has been specifically designed to help educators focus primarily on their work with children and families. In an environment of workforce shortages, this is a particularly strong achievement. With each team's work centred around the ultimate goal of supporting children and families, the Centre Leadership teams (including the Pedagogical Leaders, Centre Coordinators, Infant Mental Health Consultants and Family Practice Consultants) have all taken a deliberate approach of supporting educators to best support children. Educators are supported to use their professional knowledge and judgement to plan, implement, and evaluate intentional teaching strategies and curriculum to support children's individual learning goals and plans. This work is done in partnership with parents and carers. This is further enabled by 2 hours per day of dedicated non-contact time for educators, to support their professional development, reflective practice and intentional pedagogy.

'Our reflective approach embeds a culture of inquiry and gets people reflecting on their practice and thinking. When I saw this, I was like wow, this structure is actually set up to allow it to happen and I can do it in one place.'

– Pedagogical Leader

Signals of progress

Increased wellbeing of staff is leading to increased staff retention.

As mentioned above, a nationwide workforce shortage means recruitment challenges are present across the early childhood sector. These challenges have also significantly impacted the Replication Research Project. It has been challenging to find staff with the mindset and expertise to fill all vacant roles. This in turn has hindered recruitment of families and children, as positions remain unfilled. In this challenging environment, ensuring staff retention is critical.

In a 2021 survey of workers in the Early Childhood sector in Australia[10]: 37% of educators indicated that they did not intend to remain in the sector in the long term; 74% intended to leave within the next three years; and, 26% said they would leave the sector within twelve months. Conversely, the survey conducted for this report of educators in the Replication Centres indicated that ***70% of staff were likely to remain*** in their role for the duration of the project, whilst 30% were undecided. No-one identified that they were ***unlikely to remain*** in their role for the duration of the project.

Whilst this is a small sample, this retention rate appears significantly higher than the sector-wide average. Interviews with staff linked this high retention to increased staff satisfaction and wellbeing that was generated through a combination of factors including:

- Time for reflection and a ***slower*** pedagogy.
- Shared progress, joy and trust with families.
- Small achievements and delighting in the progress of the child.
- Positive relationships with other staff.
- Feeling safe and respected in the workplace.
- Structural factors such as high educator to child ratios and smaller group sizes.
- Work life balance with regular 9–5 employment and no shift work rosters.
- Satisfaction at being able to access and help 'the cohort that needs you'.
- A learning culture.
- Career progression and an opportunity to learn from others.

Members of Centre Leadership teams also highlighted the opportunity to grow professionally, learn from one another, and do something different as important factors in retention.

[10] Exhausted, Undervalued and Leaving, The Crisis in Early Education (2021) United Workers Union https://www.unitedworkers.org.au/report-shows-early-education-workforce-in-crisis/

Reflective supervision is supporting unique ways of working.

For Centre Leadership teams, reflective supervision provided by PI was reported as providing essential capability building. Different interviewees highlighted the usefulness of reflective supervision, particularly in helping them feel supported and thinking about things in different ways.

'I feel like I have the courage to really grapple with the challenges of the role and the families and think very hard about what I'm doing and why. I find that very professionally satisfying.'

– Family Practice Consultant
[speaking about reflective supervision]

70% of staff were likely to remain in their role for the duration of the project, whilst 30% were undecided.

Workplace culture and capability building is leading to sustained changes in the practice of individuals.

Many of the Pedagogical Leaders and educators interviewed said they could ***"not imagine working anywhere else"***. There was a strong sense that, having seen things being done differently, going back to more traditional approaches would feel uncomfortable and unsatisfying. As one educator said, ***"we are all terrified what we will do when the trial ends"***. There was also an indication that staff felt they would take what they have learnt with them into any new roles.

'When I came here, I was surprised it was okay to sit there and be with the child who just needed a cuddle while the room looked a mess in that moment. And when I go home, I was thinking about why did I never stand up for those other children [in previous roles]?'

– Educator

'When I realised that the work that we're doing here is just so respectful to children and families, the question in my head is how I ever actually go back to working in a space that is pushing children through things.'

– Pedagogical Leader

100% of educators agree or strongly agree their relationships with other educators in the program helps them to be more effective in their work.

100% of educators agree or strongly agree their relationships with families in the Centres help them to be more effective in their work.

A relational approach is building a strong culture of support and safety for staff.

One of the key themes that emerged was safety and support – for Centre staff as well as children and families. This was reflected in the way the team and Centre staff felt – with some speaking about having found ***"their place"***. Other interviewees spoke about how team members were always ***"checking in with each other"***. They also spoke about how ***"there is a culture of it being OK to ask for help"***. This culture of team members helping one another has contributed to a sense of shared responsibility while also reducing stress when dealing with the complex circumstances of some children and families.

'We really have set up that culture… the work that we're doing is really important, and it sits heavily on us, and we all want to make a difference and we all want to see these families and these children exceed. So we sort of bring our whole selves to that and we've just noticed that every team member that comes on now, that they're coming into that and they're really happy to be themselves in that way as well.'

– Educator

Learning and planning time is increasing the ability to focus on child outcomes.

Educators highlighted that having sufficient time and space to reflect, learn and plan improved their focus on outcomes for individual children and families. Educators mentioned that in previous roles, they were ***"too busy to do so"***.

'Non-contact time gives you time to collaborate and creates space for you just to be here with the children.'

– Educator

Professional development and capability building is seeing educators grow their understanding of their professional identity and role as infant and toddler specialists.

Educators spoke about how they were now incorporating a stronger focus on relational pedagogy informed by the infant mental health knowledge base (including attachment and trauma theory). This was aided both by professional development as well as the clinical expertise available at each Centre.

'Attachment is a two way thing. What the child brings and we bring. It has been really helpful to unpack what I bring into the relationship as well as the child. It helps us come up with the right practices.'

– Educator

'I didn't really consider the emotional state of the child and certainly did not look at them through a mental health or wellness lens. So for me, it's been really, really interesting to have that perspective come through from the Infant Mental Health Consultant because I think we can look at a child and go okay physically, you need this and these are our routines. So you'll just get into that, and I know that they are really interested in this particular activity, so I'll give them that…but actually, when it comes to that holistic care, then it is more "okay, well, maybe your behaviour today is actually because there's an emotional need there". Quite often that gets overlooked in your normal day to day of caring and working with children.'

– Educator

'It's about seeing the seeds of joy. Families being delighted and delighting in their children.'

– Educator

Allyship across the delivery team is extending to allyship with families.

The sense of allyship is extending from the partnership organisations and staff have, to their work with families. Educators felt that working ***in relationship*** with families and building a sense of allyship was critical to them effectively supporting greater outcomes for children. Across the services, team members repeatedly talked about the importance of reciprocal learning relationships with families. By this they meant: learning from one another, working together, and supporting one another to achieve the best outcomes for children. This relationship was also supported by sustained parental involvement including regularly scheduled meetings with parents.

It was observed that, given many families are experiencing significant challenges ***day to day***; building allyship with families helps to support positive interactions, no matter the context. This occasionally included some really challenging situations, such as staff needing to report families to Child Protection.

Staff members referred to trauma informed practices such as the ***rupture and repair*** cycle as further strengthening their relationships with families. They also referred to positive moments that helped to strengthen allyship, including the importance of the shared joy of educators and families in seeing the gains and progress of the child.

Stories of impact

The following stories of impact highlight how a relational approach to working with parents, and that sense of allyship between parents and staff, is generating developmental outcomes for children. The examples below show how families are responding to a sense of safety and belonging when reaching out to Centre staff for advice and support.

Families are responding to a sense of safety and belonging.

As mentioned, many families have been socially isolated by their life experiences. The work of services to create community spaces at each Centre has led to an increased sense of comfort and belonging for families. One Family Practice Consultant quoted a parent who, instead of feeling like they ***"stood out"***, had observed ***"the people here are like me"***.

Families are responding to this sense of belonging with increased trust and engagement. It means that families are more likely to turn up to informal gatherings such as the coffee and chat sessions at the Centre.

'Every single day you have a parent say to you, you know I haven't felt safe, I haven't felt listened to, I felt judged (in other services)...'

– Pedagogical Leader

'I can see that everything that people have worked towards is working. And to think about the changes and the impact that this will have, which is the whole purpose we're here. For those children, empowering those parents and being part of their community in such a strong way, is going to make such a massive difference for later in their life.'

– Educator

'Enough families have built trust in us that we can facilitate bringing them together.'

– Family Practice Consultant

'His development in the space of six months, it was amazing to see how much he grew and his confidence and just Mum's ability to also be with us in the service. She was anti people, but she quite opened herself up as well through a lot of challenges and became part of the family. So for me that was one of the really key changes I've now looked back on.'

– Educator

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DOMAIN 3: STORIES OF IMPACT

Participation in the program is generating different parenting strategies and routines at home.

Educators spoke about how, by feeling more supported themselves due to the Leadership model, they were able to pass on this sense of safety to families and children. One educator shared an example of how trust had translated into a parent feeling safe enough to ask for advice. She told the story of a parent who had noticed that their child was really enjoying the meals provided by the Centre and that they wanted to try to cook the same meals at home.

Initially the parent contacted the educator to say that they wanted to learn to cook their child dinner ***"like what they do in the kitchen"*** [at the Centre]. For this parent, who had previously not felt confident enough to prepare meals for their child and had been relying solely on pre-packaged baby food pouches, asking for support was a huge achievement. The educator was able to talk the parent carefully through all of the steps to make baby food and clarified any questions and concerns they had. All which supported the parent to successfully begin cooking at home. For them to feel safe and comfortable enough to call up and ask a team member for support was a significant milestone for this parent, who had experienced trauma themself and was initially very anxious when first attending the Centre.

A similar story of a parent feeling safe to seek advice was shared by another educator. In this instance, a parent had approached them to share a photo of their child in a cot. The parent explained that, when they had shown this photo to someone else, they had received criticism due to the number of blankets. The parent shared their story of the photo to the educator, saying ***"now I'm really worried. I just wanted them to feel cosy"***. Through conversation, the pair were able to resolve the parent's concerns together and make the cot safe for the child without criticising the parent's efforts.

'The parent asked "do you think these ingredients are fine?" And I'd be like "absolutely, they're the same ingredients as what's in the pouch. And they're the same things that we've been giving." I actually just talked them through the consistency and I said babies are really resilient, so if it's a little bit lumpy chop it up or add a little bit more water... The fact that she felt she could call up and just ask, yeah, I felt it was huge.'

– Educator

'And I could say "that is an absolutely 100% good thing that you want for your child. Because we love feeling cosy in bed. But let's unpack it and just start small. Why don't you show me the photo and we will go through it together?" And she said, "I noticed you never put a blanket. How come that is?" and I explained ... she was like "Oh yeah, that makes sense." That's the other thing I learned. She'd never seen the Red Nose website. Because whether I and you think it's all over the walls of maternal health, no one had actually said, "hey, if you look this up on our website, it could be really helpful". And she said, "I went to maternal health, but they didn't tell me any of that." But now she's got the link to the website and she can just look it up. I think that sometimes we underestimate the power of that trust and relationship with a parent to feel comfortable to tell you.'

– Educator

Learnings and opportunities

The following section includes some additional key learnings from the Replication Research Project to date. These are collated in the interest of both knowledge sharing and in making ongoing improvements to implementation

Navigating challenges from the wider system – recruitment, referrals and information sharing

When the Replication Research Project was conceived, ECEC workforce shortages were not as high as current levels. These sector-wide shortages have significantly impacted each Centre's ability to establish services. Staff shortages have also seen the remuneration offered across ECEC settings increase. Several educators at a number of the Centres highlighted that they felt their pay was low compared to what was on offer at other service providers. This was a source of frustration for them, even while they remained committed to the values and approach of PI. During interviews, staff also identified challenges they were experiencing around fixed annual leave and the difficulty of covering breaks due to staff shortages. As the competition for workforce grows, the approach to remunerating staff may also need to evolve.

Similarly, the recruitment of children and families does not happen in isolation but is part of a broader web of referral partners and pathways across communities. Gaining referrals has taken longer than expected. Services have not yet reached the total expected numbers of children referred. Low referral rates to date have created funding challenges for service providers, some of whom have been running at a loss. The Victorian Department of Education has provided significant support in identifying referral pathways. These referrers are starting to receive positive feedback from families and can also see observable outcomes, and so are starting to approach services with enquiries about specific children. As the project progresses, there may be other unanticipated challenges that arise from the broader context.

Despite intentions to work in collaborative and multi-disciplinary ways, sector policies and procedures can sometimes get in the way of freely sharing information. This is understandable in that these restrictions are intended to protect the privacy of the child. For example, the privacy and reporting requirements in the ECEC sector have at times, prevented transfer of important information to PI to inform supervision and training. And, in an ECEC setting, sector regulations have at times been at odds with recommended approaches with respect to infant mental health. These constraints require both acknowledgement and careful navigation.

Accounting for the *'hidden work'*

There has been a lot of ***hidden work*** in the establishment of the Centres. This includes the work of PI and partners to build many of the enabling conditions mentioned above, well beyond the establishment of new services. This also includes the work by Government to change the authorising conditions, such as policy settings, and to fund the establishment and operations of Centres. This workload has proven greater than anticipated for all parties. The extra time needed for establishment is an important learning for future initiatives.

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LEARNINGS AND OPPORTUNITIES

The provision of hands-on support at Centres has also been more intensive than anticipated. While PI has accomplished clinicians and researchers, this has created significant overwork and overstretch for PI staff. This is worsened by the need for PI to temporarily fill recruitment gaps. PI's employment of a General Manager has increased the support for some of the non-clinical functions of the project. Should further scaling or replication occur, it will be important to carefully consider the additional capabilities and skillsets required to avoid burnout.

Valuing different components of the program

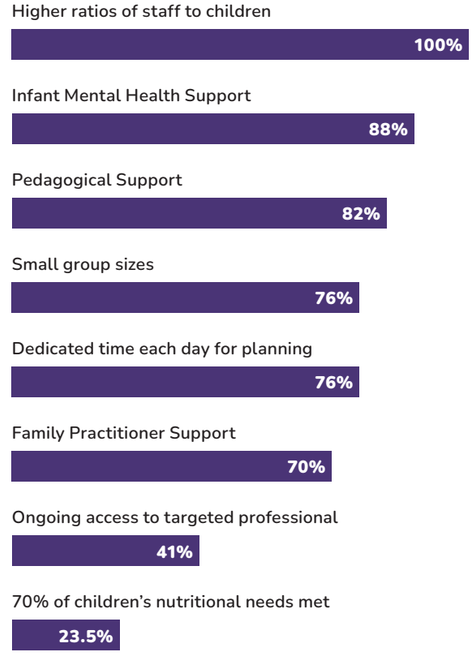
In this Replication Research Project, a ***pick and choose*** approach to model components is not desirable nor feasible. Such an approach would not achieve the outcomes demonstrated by the evidence from the RCT. However, there is an appetite from interested funders and service providers to understand the relative priority or importance of specific components. This is partly driven by the cost of the full program and the current short-term nature of funding. The interest of funders and educators in the value of the program, and the wish to see it continue outside this project, is a signal of progress. Understanding the breakdown of costs for components of the project could also help inform the case for future funding.

Educators were curious to identify which components their peers saw as essential. A survey was utilised to understand, from the educator's perspective, which elements they felt were most valuable to children (see Figure 7). Respondents were able to select more than one answer.

Components that rated most highly included:
Higher ratios of staff to children (100%)
Infant mental health support (88%)
Pedagogical support (82%)
Small group size (76%)
Dedicated time for planning, professional development and reflective supervision (76%)

Components that did not rate as highly included:
Ongoing access to targeted professional development (41%)
Meeting 70% of children's nutritional needs (24%)

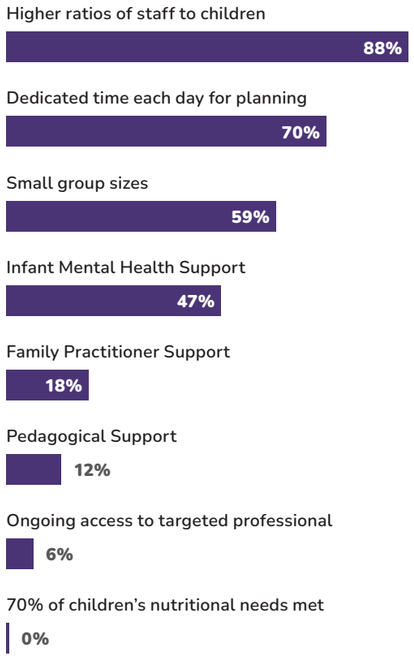
Figure 7:
Percentage of respondents who thought each element was making the biggest difference to children



When asked to specifically nominate only the three most important elements (see Figure 8), educators selected:

Higher rates of staff to children (identified by 88%)
Dedicated planning time each day (71%)
Small group size (58%)

Figure 8:
The three most important elements of the program as identified by educators



Infant Mental Health Consultant and Family Practice Consultant support is highly valued on site. At all Centres, staff highlighted the value of potentially increasing the time and availability of both Infant Mental Health Consultant and Family Practice Consultant support.

'I was thinking about how this would be rolled out in the future. The Infant Mental Health Consultant and Family Practice Consultant could easily do four days. And that's not only because of the workload. I think that also that would support having it more equally weighted in terms of the disciplines. It would support multidisciplinary practice.'

– Family Practice Consultant

Ongoing sharing of interim findings

The Founders identified a window of opportunity where early childhood was a policy focus and their strong evidence base convinced funders of the value of their approach. It will be important to maintain that momentum and ensure supporters remain engaged in, and inspired by, what PI is trying to achieve. Outcomes from the Replication Research Project will help to support this momentum, but decisions regarding future funding needs will need to occur before all formal research is completed. This is because the final child and family outcomes are only available after two years of participation. The first-year outcomes report is scheduled for release in January 2026.

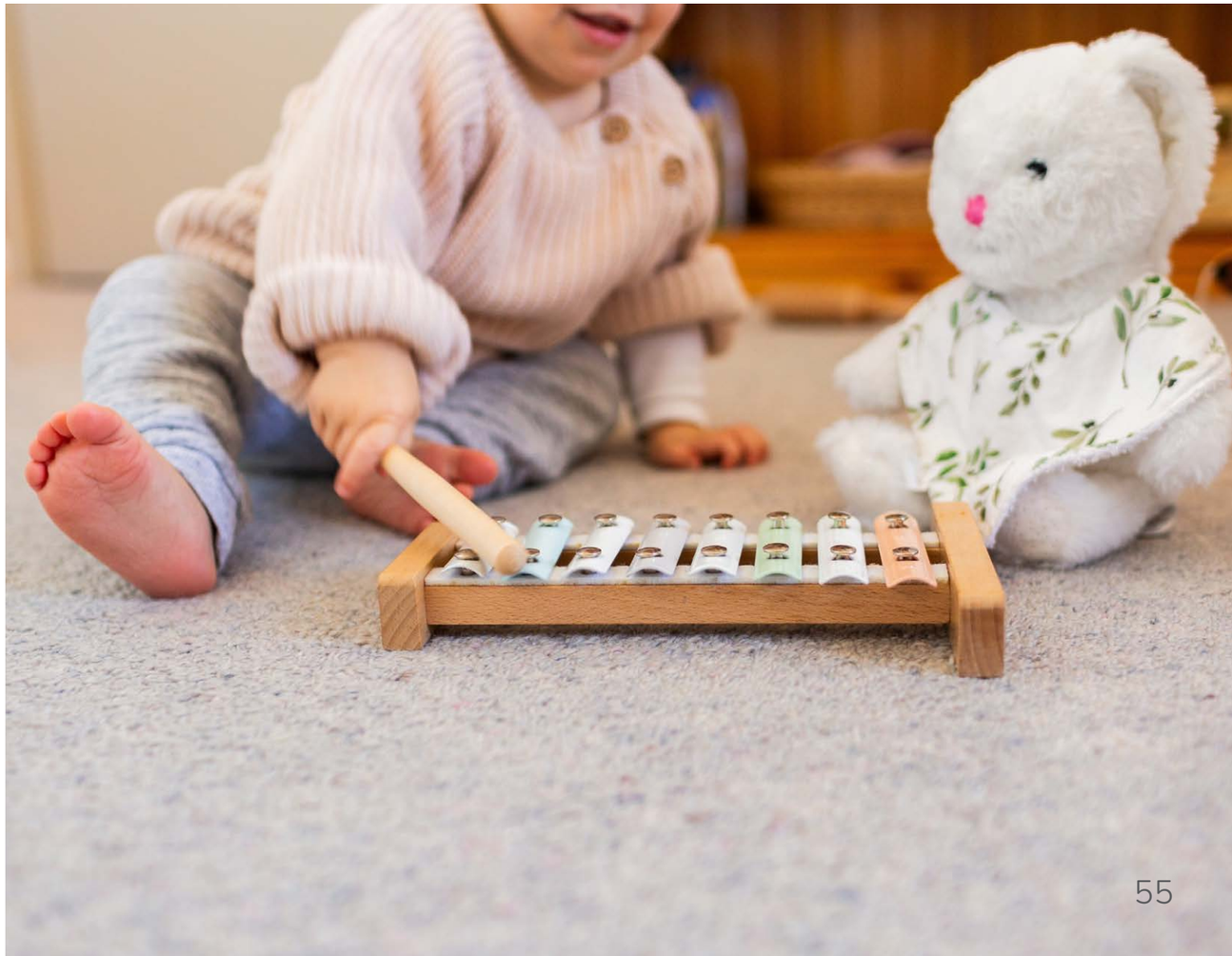
'I've always had a belief that you could achieve incredible things in early childhood, if only we were better funded, better valued, more supported.'

– PI Director

Interim findings and evidence from the implementation journey will need to be shared in the meantime. These findings might also include reflections on improving the accessibility of services to families for future iterations and scaling of the model. For example, several educators mentioned that they have been considering ways to further improve options for families, including:

Home visits
Transport for families
Additional Allied Health support such as Speech Pathology, Occupational Therapy

It may be an opportunity to consider each of these, together with other suggestions, in future iterations and scaling of the approach. To this end, there is also growing interest from multiple groups, including Leadership and educators, to meet regularly across the three Centres. This may be a chance to further reflect on learnings and potential future improvements to implementation.



Looking Ahead

This report is part of PI's commitment to develop and disseminate the evidence base around ***what works*** for children and families experiencing significant stress and disadvantage. This report has provided early insights into progress, impacts, opportunities and challenges of implementation. Looking beyond the Replication Research Project, it will also inform PI's understanding of the preconditions and enablers relevant to the development of a strategy for scaling, which is supported by SVA and the TDM Foundation.

These understandings will be enhanced by the completion of the formal evaluation of outcomes for children of the Replication Research Project, being conducted by the Melbourne Institute, University of Melbourne. The baseline report will be released in January 2025 and will describe the characteristics and family backgrounds of children who are participants in the Replication Research Project. The first-year outcomes report is scheduled for release in January 2026.

PI will continue to share information and advocate across many different audiences; including through presentations, policy papers and conversations. To stay informed, please visit: https://www.parkvilleinstitute.org/

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