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Early implementation insights from Parkville Institute's Replication Research Project

Summary brief | November 2024



This brief is based on the report released in October 2024, prepared for Parkville Institute by Orange Compass.

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. Its purpose is 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.

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 develop¹. 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 evidence of the effectiveness of this type of program². 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.

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. In ECEC, 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 study³.

PI 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.

The three different Replication Centres that are part of the project 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.

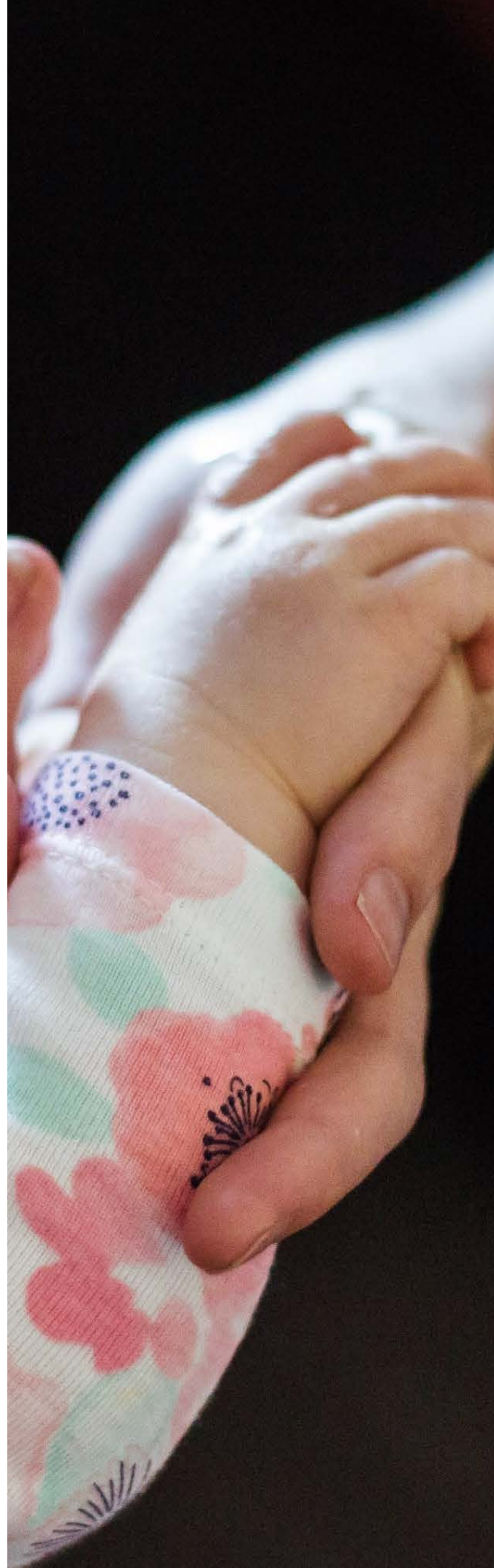
¹ Shonkoff JP; Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012 Jan; 129(1): e232–46.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

² Tseng, Y., Jordan, B., Borland, J., Clark, M., Coombs, N., Cotter, 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.*

³ 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>.

“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 got home, I was thinking about why did I never stand up for those other children [in previous roles]?”

– Educator





'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... One of the parents said "I raised my voice one day and the child said 'No, you don't talk to me like that' and I just thought great".'

– Educator

Replication Centres

Uniting Vic.Tas Centre in Victoria

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

City of Ballarat Centre in Victoria

About the program

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

Participants in the program are children living with significant family stress and social disadvantage. The families do not pay fees for participation. The children participate for five hours per day, five days per week, 50 weeks of the year for three years.

The EYEP model has a number of specific features. There are high staff-to-child ratios and small group sizes. A full-time Pedagogical Leader provides high-quality learning support. Centres also have a part-time Infant Mental Health Consultant and Family Practice Consultant on hand to support families and build the capacity of staff.

The Replication Research Project commenced in 2022 and will go until the end of 2026. 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.

Strategies of implementation

The Strategies of Implementation are the building blocks that support and enable the Replication Research Project, as well as 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 clustered into three domains of implementation:

DOMAIN 1:

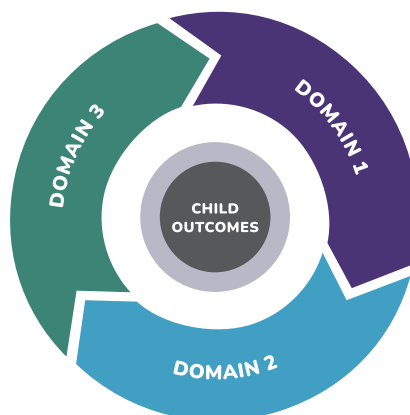
Reimagining ECEC service delivery for children and families experiencing significant stress and disadvantage

DOMAIN 2:

Bridging the gap between evidence, practice and policy

DOMAIN 3:

Supporting practice excellence





Domain 1

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

Domain 1

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

There are positive signals of progress occurring 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.

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. Recruiting values-aligned organisations and working in partnership with them to build this readiness has also been critical.

“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

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 to systems change.

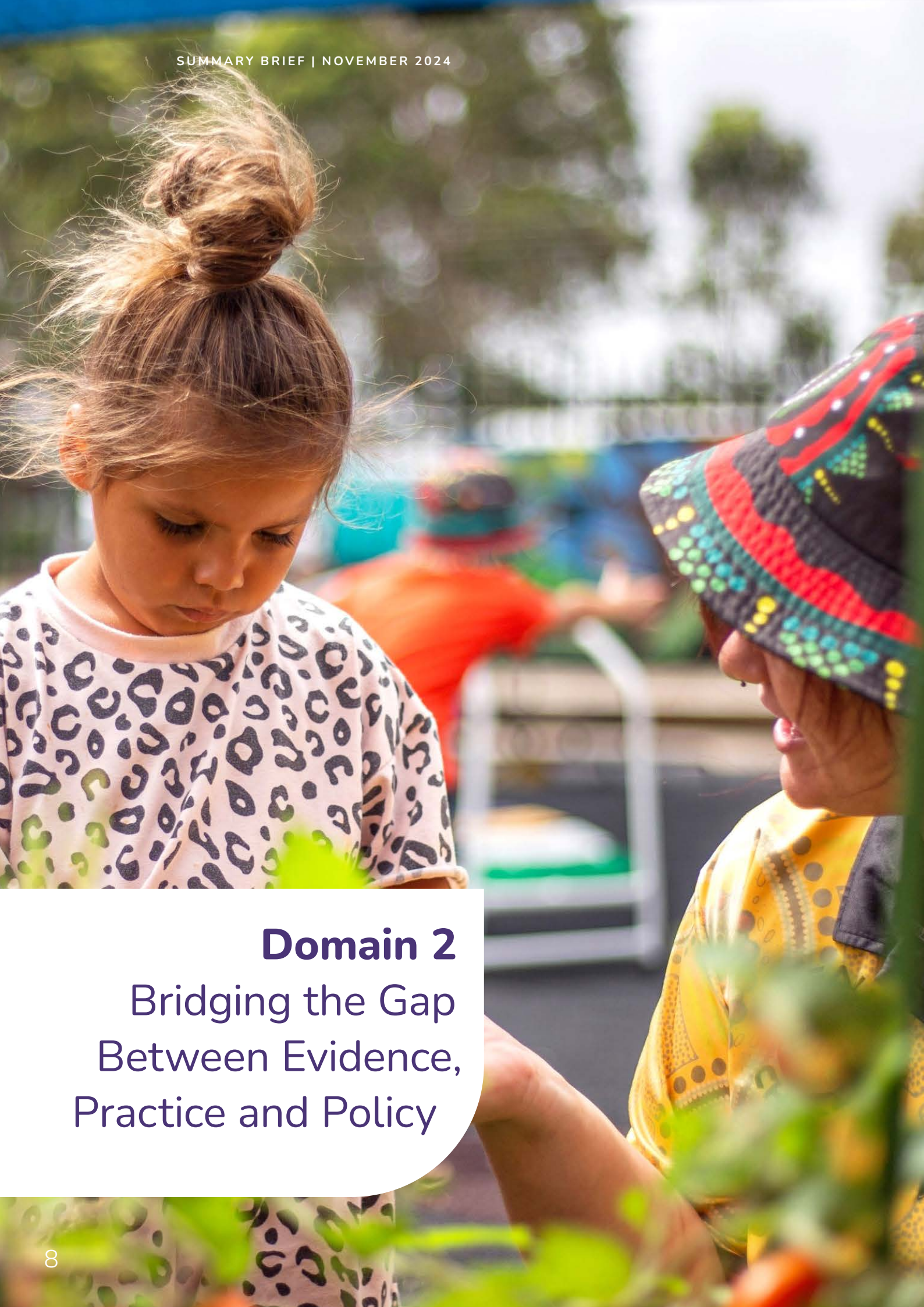
A relational way of working is being mirrored at all levels.

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 trusted 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.



Domain 2
Bridging the Gap
Between Evidence,
Practice and Policy

Domain 2

Bridging the Gap Between Evidence, Practice and Policy

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 surveys 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.

“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

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 Centre 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.



Domain 3
Supporting Practice
Excellence

Domain 3

Supporting Practice Excellence

For PI, practice excellence extends beyond formal guidelines and standards and into the culture, relationships and everyday practices at a Centre. 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 shared sense of purpose and allyship across staff and families, that results from practice excellence should not be underestimated.

“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

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.

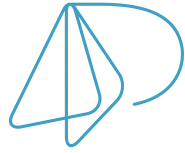
Professional development and capability building is seeing educators grow their understanding of their professional identity and role as infant and toddler specialists.

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.



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