

EVIDENCE BEHIND THE OUR PLACE ELEMENTS

# High-quality early learning, health and development



**ourplace**  
education is the key to the door

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#### ACKNOWLEDGEMENT OF COUNTRY

Our Place acknowledges the First Nations people of Australia and Traditional Custodians of the lands that we live and work on, and recognise their continuing connection to land, water and culture. We pay our respects to Aboriginal and Torres Strait Islander peoples, their Elders past, present and emerging. We are committed to working together for a brighter future.

# High-quality early learning, health and development

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This paper synthesises an extensive evidence base on early childhood development, the factors that influence it, and the programs and interventions that are effective at changing outcomes for children.

The four chapters are:

1. **Why the early years matter:** An unparalleled opportunity to set children on positive life trajectories.
2. **Early parenting:** Engagement and environments.
3. **Quality early learning:** Amplifying and extending children's learning and development.
4. **Continuity of learning:** Building on the foundations.



# Why the early years matter

The evidence is clear that the early years, from the prenatal period, are critical for building the foundations for lifelong learning, behaviour, and physical and mental health.

Children's brains and bodies are shaped by their experiences, environments, and relationships during their first five years of life (Moore et al., 2017; NSCDC 2004a, 2004b, 2007, 2010).

The argument for the importance of the early years and why they matter is grounded in the evidence on:

- The science of child development.
- The role that relationships and environments play in shaping children's development.
- The long-term impacts of ensuring a positive start to life for all children.
- The strong returns from investing in the early years.

Children growing up in disadvantaged communities, and those who have experienced trauma or other challenges, are at a far greater risk of poor life outcomes. Toxic stress and trauma disrupt a child's developing brain architecture (CDC, 2007). However, with the right support, these early adverse experiences can be overcome and the gap in opportunity between advantaged and disadvantaged children can be closed.

## THE SCIENCE OF CHILD DEVELOPMENT

There is now more than 20 years of neuroscientific research that confirms the rapid brain development that happens in the first years of life (Shonkoff, 2000). In a child's first three years of life their brain grows from approximately 25 per cent to 80 per cent of adult size, and then to 90 per cent by age five. Rapid growth in cognitive, language and social and emotional development is fostered by the billion neural connections being formed each second (Royal Australian College of Physicians, 2006; CDC, 2007; Moore, 2017).

Harvard's Centre on the Developing Child illustrates how more complex skills build on earlier foundations, with sensory pathways like vision and hearing developing first, followed by language and communication skills, and then higher cognitive functions (see Figure 1; CDC, 2007).

The first five years are a developmental window where the opportunity to influence acquisition and growth of core skills necessary for success at school and through life are developed. These skills include:

### Social and emotional skills

Including understanding and managing emotions, developing and maintaining positive relationships, feeling and showing empathy for others.

### Self-regulation and executive function skills

Including the ability to set priorities and resist impulsive actions, focus, hold sustained focus, sustain or shift attention in response to different demand, and working memory.

### Cognitive skills

Including oral language and communication, mathematical reasoning, and problem-solving (CDC, 2011; Rhoades et al., 2011; Melhuish et al., 2015; Sammons et al., 2014; The Front Project, 2022).



## Human Brain Development

Neural Connection for Different Functions Develops Sequentially

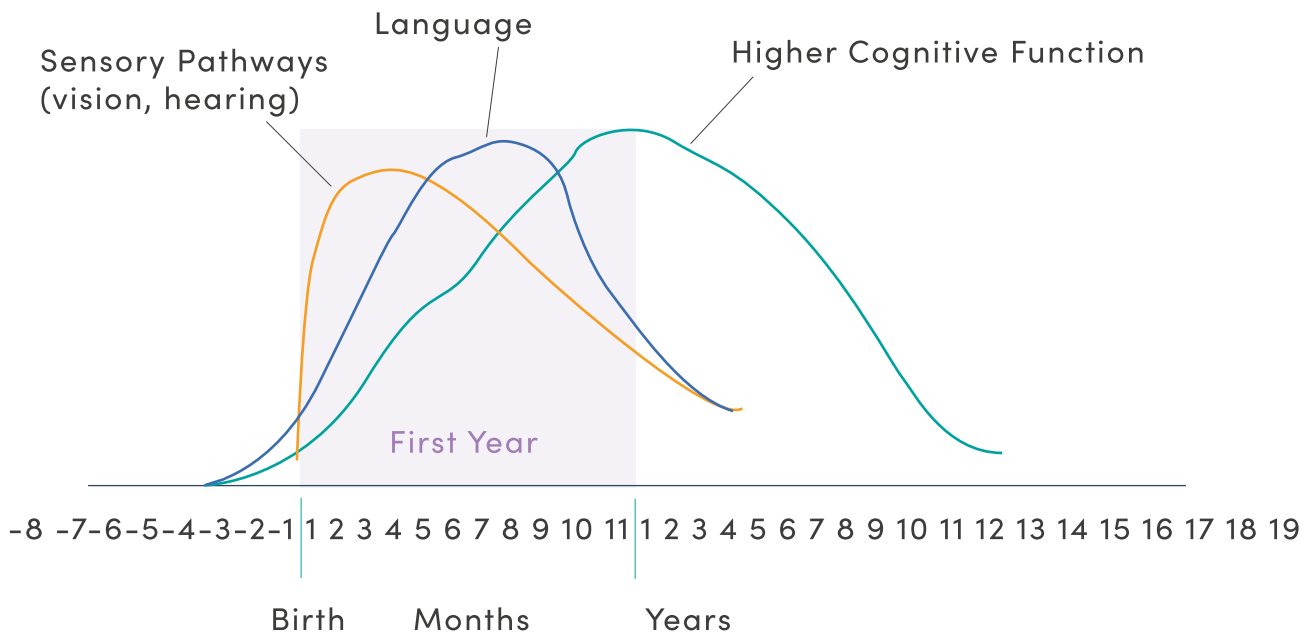


Figure 1: Early brain development (CDC, 2007)

Recent research using new functional MRI technology has found clear relationships between children's early experiences and their brain development. For example:

- In-utero exposure to high levels of maternal stress is associated with slower brain growth (Pulli et al., 2018).
- Warm and responsive conversational turn taking between mothers and children leads to greater brain activation (Romeo et al., 2018).
- Hyperactive emotional responses have been detected in the amygdala of adults who experienced child maltreatment (Hein et al., 2017).

The National Scientific Council on the Developing Child argues that the science is clear on two points. What happens during this period can have substantial effects on both short- and long-term outcomes in learning, behavior, and both physical and mental health. All of these domains are remarkably interdependent and the potential for learning is inexorably linked to the quality of physical and mental health (NSCDC, 2020).

They are clear that "nearly all aspects of early development and later health are affected by interactions among experiences, genes, age, and the environments in which young children live" (NSCDC, 2020). They also highlight the lifelong effects of early and sustained exposure to toxic

stress, with stress responses becoming encoded in the body and contributing to poor health and wellbeing outcomes throughout life. While its possible to overcome these early experiences, "outcomes are better and easier to achieve when interventions are provided earlier—and promoting the healthy development of biological systems from the beginning is better, and more cost-effective, than trying to fix them later: (NSCDC, 2020)".

This research highlights the way that early experiences can activate or inhibit a child's potential, and the importance of ensuring children grow up with the relationships and environments that help grow strong foundations.

### POSITIVE RELATIONSHIPS AND ENVIRONMENTS SET UP HEALTHY DEVELOPMENT

Children's learning and development is shaped by their interactions with their caregivers, their wider family and community, and their environment. Research is clear that it is through relationships with the important people in their lives that young children's brain architecture is built, their sense of self develops, their curiosity about the world is cultivated and their habitual ways of responding to the world are shaped (NSCDC 2004b). There is a strong evidence base about the factors that shape or compromise children's development:

## Factors that shape healthy development

Research shows optimal brain development stems from safe, stable environments, with experiences and relationships that are consistent, predictable, and nurturing. Healthy child development requires good maternal physical and mental health, quality prenatal and antenatal care, good nutrition (pre- and post-natal), safe and loving parents and caregivers, nurturing home environments and high-quality early learning experiences (Toumbourou et al., 2014; Fox et al., 2015; The Front Project, 2022; Moore, 2017; Saitadze and Lalayant, 2021).

## Factors that compromise children's development

Developing young minds are strongly, and sometimes irrevocably, affected by adverse life experiences (Felitti et al., 1998; Asmussen et al., 2019; Krinner 2021). Early experiences of trauma, abuse or neglect, or challenging circumstances like chaotic and stressful home environments, harsh interactions with caregivers, unsafe communities, or the lack of stimulation and learning opportunities have enduring effects (NSCDC, 2012; Fox et al., 2015; Moore et al., 2017; NSCDC 2007; Saitadze and Lalayant, 2021; Herzog and Schmal, 2018).

These early experiences work to either activate or inhibit the development of critical skills, including:

- Social and emotional skills like the ability to regulate emotions, focus attention, show self-control, cope with stress and build positive relationships with others.
- Cognitive skills like communication, language and literacy, working memory, problem-solving, mathematical reasoning (Wulczyn 2020).

## DEVELOPMENTS IN THESE EARLY YEARS LAST A LIFETIME

The effects of early experiences remain evident through childhood and into adulthood (La Paro and Pianta 2000; Lamb et al., 2020, Jordan et al., 2014). In a particularly compelling illustration of this relationship, a landmark longitudinal study found that levels of self-control at age three were strongly predictive of adult health (including cardiovascular disease, respiratory disease, and dental issues), financial security (including home ownership, access to savings and levels of financial stress), substance misuse and involvement with the justice system (Moffat et al., 2011). Ratings of self-control were also strongly associated with socio-economic status.

Multiple studies have demonstrated a strong relationship between early experiences and the pathway to health, wellbeing and happiness in adulthood.

These effects include:

- Readiness for school (Phillips et al., 2017; Tseng et al., 2019; The Front Project, 2022; Sincovich et al., 2020; Pascoe and Brennan, 2017).
- Achievement at school and graduation rates (Taggart et al., 2015; Lamb and Huo, 2017; Lamb et al., 2020).
- Transition into post-school work or study (Lamb and Huo, 2017).
- Adult life outcomes spanning:
  - Health, including obesity, immune system functioning and rates of heart disease, lung disease and cancer (Feletti et al., 1998; Moore, 2017, Jordan et al., 2014).

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**Skills developed in early childhood contribute to broader and longer-term outcomes, including improved employment prospects, health and wellbeing, and social outcomes such as reduced reliance on social services and less interaction with the justice system”**

***Pascoe and Brennan, 2017***

- Mental health and wellbeing, including substance dependence, depression and suicide (Feletti et al., 1998).
- Financial security, including income, developing savings and assets, and level of reliance on welfare support (Moffat et al., 2011; Irwin et al., 2007; Fox et al., 2015).
- Involvement with the justice system (Moffat et al., 2011; Malvaso et al., 2022).

## INVESTING IN THE EARLY YEARS PAYS OFF

These enduring effects from children's early experience mean the evidence for investing in early child development is unequivocal. The World Bank has described early child development as 'one of the smartest investments that countries can make' (Sayre et al., 2015).

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**Remediation may be possible at any age, but outcomes are better and easier to achieve when interventions are provided earlier—and promoting the healthy development of biological systems from the beginning is better, and more cost-effective, than trying to fix them later”**

***Centre on the Developing Child, 2020***

While it's possible to intervene later, multiple Australian and international studies have demonstrated that it is more effective and efficient to act early (Heckman, 2009; Karoly, 2017; Canon et al., 2017; PwC 2019). The benefits to governments accrue through reduced spending on health, welfare and justice, and through increased tax revenue from a more productive workforce. Governments and communities experience wider benefits from investments in human capital – which contribute the multiplier effects that come from a healthier, more connected, and more productive community.

Highlighting the significant opportunity to invest more wisely, Australian analysis shows a \$15.2 billion annual spend on high-intensity and crisis responses for problems that could have been prevented through earlier action (Teager et al., 2017).

## **POSITIVE EARLY EXPERIENCES ARE KEY TO OVERCOMING DISADVANTAGE**

The early years are an unparalleled opportunity to set children on positive life trajectories. While all children benefit from a focus on positive environments for health development, some children experience more risk factors than others and experience significantly worse outcomes.

Children experiencing disadvantage are three times more likely to experience more than one developmental vulnerability by age five – and in low-socio economic communities in Australia, nearly a third of all children are developmentally vulnerable (The Front Project, 2022). The children at the greatest risk of poor life outcomes are those who experience multiple and sustained challenges.

Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need (NHS Health Scotland, 2014). These approaches recognise that because some children face greater adversity, they and their families require greater support – but are founded on the principle that universal services should be equipped with resources to provide the level and intensity of support individuals need (Goldfeld, 2020; Francis-Oliviero et al., 2020; Marmot, 2005). Leveraging accessible, universal platforms such as the local school, provides additional support and scaffolding around three evidence-based pathways for supporting children to thrive:

### **Early parenting support**

Engaging parents and carers in the antenatal period, building trust and using this early engagement to enable connection to other services, support positive parenting, and equip families to provide a rich home learning environment.

### **Quality early learning**

Making high-quality early learning accessible, affordable and available for the number of hours children need to really benefit.

### **Continuity of learning as children start school**

Ensuring continuity of learning and relationships between early learning and early schooling.

The evidence for each of these focus areas is explored in some detail in the chapters to follow.



# Early parenting: Engagement and environments

Parents and caregivers are the most important influence on children's development and learning. Babies rely on attachment to their caregivers from birth, and the regular interactions from stable, responsive, caring adults in their family and community – although the way attachment relationships are practiced and understood can differ across cultures (Ryan, 2011 and NSW Government, n.d.).

Research shows that strengthening parenting practices is an effective strategy for improving children's outcomes – with a 2021 systematic review showing strengthening parent and carer confidence, parent-child interactions and parenting practices contributed to:

- Improved cognitive, language, motor and socioemotional development.
- Improved attachment relationships.
- Reduced behaviour problems (Jeong et al., 2021).

Supporting parents, carers and families has been shown to strengthen protective factors for children and mitigate risks for children growing up in disadvantaged communities (Toumbourou et al., 2014; Goldfield, 2019; Moore et al., 2017; Taylor et al., 2019; and Macvean et al., 2016).

Effective and sustained engagement with new parents and carers, from the early stages of pregnancy, also provides a vital opportunity to develop parent/carer knowledge of child development and the potential parents have to shape children's development in positive ways. It also enables early responses to challenges like poor maternal mental health, family violence, smoking and alcohol consumption, and lack of social connections (Cortis, Katz & Patulny 2009; McDonald, Moore & Goldfeld 2012; Moore et al., 2012).

Reflecting this evidence, and drawing on better practice insights for design and implementation, four key pathways for early parenting support are identified and discussed below:

- Engagement that starts early and builds trust.
- Connecting families with support and resources.
- Support for parenting confidence and practices.
- Support for parent engagement in education and employment.
- Enduring effects of positive home learning environments.

## ENGAGEMENT THAT STARTS EARLY AND BUILDS TRUST

Given the overwhelming evidence on the importance of parents and caregivers, support for parents in their parenting journey is necessary and beneficial, particularly in disadvantaged communities where positive parenting can mitigate other known risks to child development. However, reaching and engaging families in sustained ways can be difficult to achieve – research shows that there is much work to be done to make service systems optimal for meeting community needs (see for example Fox et al., 2015; Moore et al., 2012; Moore, 2021a; and Moore, 2021b).

Past policy, service frameworks and research cited the "hard to reach" groups living in disadvantage who are less likely to connect, remain, or engage with services, however, more recent research has challenged this notion – that the failure to engage and benefit from services is 'the fault' of the target audience – and shifted onus and attention instead on the responsibility of the design and nature of services to engage and build foundations for ongoing service interactions and

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**Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral”**

**(NSCDC 2004b)**



relationships more effectively, beginning in the early years (Moore et al., 2012; Goldfield, 2013; and Moore, 2021b).

More needs to be done to improve engagement – the families most likely to benefit from access to support are often least likely to access it, generally because they don't know what support is available, don't trust the support because of prior negative experiences, or because of well-established limitations to the way child and family support systems operate (see Box 1 for a summary of service

limitations from Moore et al., 2012, as cited in Fox et al., 2015). Communities do not necessarily need more resources – but a more effective and coordinated organisation of existing support.

Early engagement with families, in ways that build trust and ongoing relationships, is critical for addressing these barriers. Efforts are required on two fronts: help for families in navigating existing complex systems; and improving the systems themselves to provide more easily accessible, connected and engaging services (Goldfield, 2013, in Fox et al., 2015). See also companion evidence papers: The Glue and Wrap Around Health and Wellbeing for further discussion on how service systems can respond to family needs and overcome barriers to access.

### BOX 1: LIMITATIONS OF THE WAY SUPPORT SERVICES ARE TYPICALLY PROVIDED

- The service system is having difficulty providing support to all families who are eligible – there are waiting lists for many services.
- Services cannot meet all the needs of families that they serve – no single service is capable of meeting the complex needs of many families.
- Families have difficulty finding out about and accessing the services they need – there is no single source of information about relevant services.
- Services are not well integrated with one another and are therefore unable to provide cohesive support to families.
- Services have difficulty tailoring their services to meet the diverse needs and circumstances of families.
- Services are typically focused and/or funded on the basis of outputs rather than outcomes, and therefore tend to persist with service delivery methods that may not be optimally effective.
- Services are typically treatment-oriented rather than prevention or promotion focused, and therefore cannot respond promptly to emerging child and family needs.
- The service system does not maintain continuous contact with families of young children during the early years.
- Most specialist intervention services are already underfunded, and it is looking increasingly unlikely that they can ever be fully funded in their present forms (Moore et al., 2012, in Fox et al., 2015, p.111).



Significant family services system reform has been taking place over the past decade, both in Australia and overseas (Fox et al., 2015; Moore, 2021a and Moore, 2021b) and there has been considerable innovation through place-based initiatives, collaborative practice, and collective impact models to better address community and family service needs (see for example, Moore et al., 2014; and Moore, 2015).

While evidence is still growing on the most effective systems approaches as emerging over recent years, meta-analyses of the effective features of community-based intervention services have been conducted and strong evidence exists.



A combined summary from Moore et al., (2012, p.52) and Hunter and Price-Robertson (2014, p.11) for example, provides the consensus that best practice in engaging vulnerable families should include the following features or principles:

- use strength-based approaches, enabling parents and carers, and building children's resilience.
- use solution-focused, collaborative strategies.
- use family-centred, and family sensitive practices. recognising needs of adults and children.
- be culturally competent, understanding, and responsive.
- be relationship-based.
- provide accessible and family-friendly environments.

More specifically, as it relates to family engagement in the early years, there is good evidence that effective support for families experiencing disadvantage:

### Starts during pregnancy

Maternal health and wellbeing is a key determinant of child health and development outcomes and early engagement is a critical window for influence.

There is a clear relationship between effective and regular antenatal care, maternal health and wellbeing, and child outcomes. A 2018 review found that:

- Continuity of care is associated with reduced maternal stress, interventions in late pregnancy, preterm birth and infant mortality, and with improved maternal and child health outcomes.
- Engagement in antenatal care provides the opportunity for the early detection and mitigation of maternal health issues, including poor nutrition, low blood pressure, smoking and alcohol consumption, obesity, Hepatitis B, and depression and anxiety (Molloy et al., 2018).

A 2012 review of effective home visiting programs for vulnerable families found that programs that commenced antenatally were more likely to be effective (McDonald et al., 2012) and the majority of evidence-based maternal home visiting programs commence in pregnancy (HomVEE, n.d.). This is reinforced by a recent review of components of effective home visiting programs (Beatson, 2021).

### Is relationship-based and focuses on building trust

Many families in communities experiencing disadvantage have experienced trauma or stigma in the service system.

This can be caused by stigmatising or culturally unsafe programs and processes, deficit views, bureaucratic processes and language and in particular, the fear of children being removed (McArthur, 2010; Moore, 2012; Moore, 2017; Moore, 2021). Conversely, relationship-based approaches that foster trust are more likely to contribute to both service access and behaviour change.

For example, a 2017 review of the practices that improve access and effectiveness of services highlights the important role of relationships. In particular, families value services that:

- Help them feel valued and understood, and that show respect for their inherent human dignity.
- Allow them to feel in control and help them feel capable, competent and empowered.
- Provide the sense of security that comes from having a long-term relationship with the same service provider (Moore, 2017).

Families were more likely to access and engage with Tasmania's Child and Family Centres when they experienced them as "informal, accessible, responsive, non-judgemental and supportive places where they felt valued, respected and safe" (Taylor et al., 2017).

### **Provides place-based, locally available and holistic support**

Central to the effectiveness of integrated early years hubs is the extent to which they bring services together, in ways that are accessible to families, non-stigmatising, contextually appropriate and tailored to family and community needs and priorities (Moore, 2021). Services are more accessible when they provided a single point of entry that addresses barriers to engagement like transport, cost and time (Taylor et al., 2017).

### **Creates opportunities for informal social connection and support**

Research shows that loneliness and social isolation are major contributors to poor mental and physical health, and social problems (Cacioppo & Patrick, 2008; Hawkey & Cacioppo, 2013; Hertz, 2020). A 2021 synthesis highlighted the impact of social connection on parental wellbeing and child outcomes, finding that:

- Support during pregnancy reduces the likelihood of maternal stress, depression and risk-taking behaviours during and after pregnancy.
- Social relationships strengthen parental care-giving capacity by promoting positive mental health and resilience during challenging periods.

- Positive social support reduces the likelihood of child maltreatment, especially for those families experiencing multiple challenges (such as poverty, depression, unemployment).
- The more adverse a person's circumstance and the fewer resources they have, the more important it is for them to have secure supportive relationships with one or more people in their lives (Moore, 2021).

## **CONNECTING FAMILIES WITH SUPPORT AND RESOURCES**

A key objective of early engagement with families is to identify challenges early and connect children and families with access to the range of support they need. This can span fundamentals like housing, food and clothing; through to access to support for parental health and wellbeing; and early identification of developmental challenges for children and connection to allied health and other services.

Service systems are often fragmented, stigmatising and complex to access. Effective programs support families to navigate this complexity, open up access to universal and targeted services, and help reduce the barriers to accessing support (Fox et al., 2015; Moore et al., 2021).

There is limited empirical evidence on the impact of effective referral pathways, although a 2018 review of the impact of home visiting programs on access to other child and family support services found that:

- Most families participating in home visiting programs seek connection to other services, particularly medical (95 per cent), early education and care (94 per cent), economic/material assistance (92 per cent), housing (88 per cent), and food/nutrition services (88 per cent).
- There are often low-levels of follow-through with referrals, with one study only finding 21 per cent of referrals were acted upon.
- Programs with an explicit focus on service coordination and dedicated role to support referral pathways were more effective at connecting families with broader service.
- Considerable effort and time are often needed to navigate the complexity of local service systems and effectively connect families with appropriate support (Goldberg, 2018)

Other research has highlighted the importance of warm referrals for increasing service uptake (ISSR, 2018), and the advanced relational and problem-solving skills of workers who help families navigate service systems (dandolo, 2022). See the companion paper Wrap Around Health and Wellbeing Supports for further analysis on building holistic and responsive service systems.

## SUPPORT FOR PARENTING CONFIDENCE AND PRACTICES

Parenting practices are strongly correlated with children's development and are one of the most powerful ways of influencing children's outcomes. Parental warmth, consistency and self-efficacy builds child brain capacity and lifelong skills, while hostile or harsh parenting such as smacking, being too critical or too impatient with children, has been proven to be a significant predictor of negative outcomes (Zubrick et al., 2008; CDC, 2016). Conversely, family violence and child abuse and neglect are associated with social, cognitive, and behavioural disorders, poor physical and mental health, poor education and adult health outcomes (Fox et al., 2015).

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**Of all the potentially modifiable environmental risk and protective factors related to children's development, increasing the capacity of parents to raise their children well can lead to the greatest long-term benefit to children, parents, families, and entire communities”**

**Sanders, 2018**

Poverty, stress and trauma are known to compromise the ability of parents and carers to provide the kinds of warm, sensitive and responsive interactions that are best for children's development (Department of Health, 2019). However, there is compelling evidence that positive parenting substantially reduces the impact of poverty on child outcomes – with one study showing that 40 per cent of the overall effect of poverty on children's behavioural outcomes was explained by differences in parental practices, particularly shared reading, poor parent-child interactions and harsh discipline (Saitadze and Lalayants, 2020).

There is strong evidence on the effectiveness of approaches designed to strengthen parent knowledge, skills, practices and confidence in parenting (Taylor, 2017). Multiple systematic reviews of parenting programs have shown that effective programs contribute to:

- Improved outcomes for children: Cognitive and social and emotional development for children, including attachment, internalising and externalising behaviours, literacy, and expressive and receptive language.
- Improved outcomes for parents and carers: Improvements in parents' psychosocial functioning (e.g., depression, anxiety, stress, anger, guilt, confidence, and satisfaction with the partner relationship), mental health and parent-child interactions (Macvean et al., 2016; Department of Health, 2019; Barlow and Coren, 2018; Jeong, 2021)

Initiatives designed to strengthen parenting confidence and practices are more likely to be effective when they:

- Take a partnership approach to working with parents and carers and tailor the approach to the context and priorities of the family.
- Create opportunities for peer support to increase engagement, reduce stigma, and increase their sense of connection to other parents with similar circumstance.
- Are trauma-informed, culturally relevant and culturally safe, and engage fathers and mothers (and/or other important family-members).
- Are delivered by a skilled and approachable workforce (Macvean et al., 2016; Department of Health, 2019).

## SUPPORT FOR PARENT ENGAGEMENT IN EDUCATION AND EMPLOYMENT

Higher levels of parent education and households with at least one parent or carer employed are associated with better outcomes for child development. Mothers' education is the strongest influence and a powerful lever for positive change in children's health, development, and academic achievement. Each additional month of education for mothers is associated with improvements in children's academic achievement (Harding, Morris & Hughes 2015; Magnuson, K. 2007; Magnuson, Katherine & McGroder 2002).

Community participation, adult education and employment are critical components of quality lives and livelihoods. Addressing factors which support adult social and economic participation – parent and carer engagement in education and employment, especially mothers – can work towards building thriving communities, free from entrenched disadvantage, and setting children up for positive life outcomes. (See companion evidence paper: Engaging with Parents and Carers for a detailed exploration of the relevant evidence and best practice to support outcomes via this pathway).

## ENDURING EFFECTS OF POSITIVE HOME LEARNING ENVIRONMENTS

Alongside parenting practices, the home learning environment is another significant influence on children's development of early language, communication skills, and social and emotional capabilities.

Research shows that "for all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income" (Sylva et al., 2004). The early home learning environment has lasting effects, with the impact of early home learning experiences extending into to secondary school (Toth et al., 2019; Hayes and Berthelson, 2019; Melhuish, 2010).

The most important elements of the home learning environment include:

- Quality of parent-child interactions, such as reading, singing and playing together, the quality and frequency of 'serve and return' language interactions.
- Availability of learning resources, like access to books, toys, space to play in, opportunities to climb, and run.
- Children's participation in learning activities, like dancing, playing and reading and participation in community activities (zoos, art galleries, cultural or religious activities).

Shared reading is consistently one of the strongest predictors of later outcomes (Melhuish, 2010), with a recent Australian study showing:

- Children with the lowest rates of shared reading at age two were at greatest risk for poorer academic outcomes in reading, writing, and numeracy in Year 3 of school.
- A strong association between poorer levels of behavioural self-regulation (low task persistence and high emotional reactivity) and low rates of shared reading (Hayes and Berthelson, 2019).

However, parents and carers experiencing complex life circumstances can struggle to provide the kinds of environments and relationships that set their children up to thrive. There can be several reasons why, such as:

- Limited experience of parenting, lack of access to positive role-models and few social connections with other families and children.
- Depression, stress, or anxiety, with poor maternal health associated with less supportive and responsive interactions and more punitive discipline.
- Complex home environments including poverty and family violence.
- Unsuitable housing and limited safe spaces for children to play.

For these parents and carers, supported engagements and services to influence home learning environments, and/or provide alternative, stimulating, safe settings for parents/carers and young children to play and develop, can mitigate the risks of the unsuitable home learning environments. The evidence is strong that high-quality supported playgroups help bridge these gaps and provide safe spaces for parents/carers and children to learn and grow.

Box 2 provides a summary of the elements of supported playgroups and the nature of positive developmental outcomes achieved through these supports. Early, sustained, and holistic engagement that includes opportunities such as universal access to high-quality playgroups, can help change trajectories for children and families living in disadvantaged communities.



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**The quality and quantity of positive parenting behaviors and parent-child interactions affects children's early language, literacy, and math skills as well as their social and behavioral development, which are all critical components of school readiness and later academic success”**

**Sun Joo et al., 2020**

## BOX 2: UNIVERSAL ACCESS SUPPORTED PLAYGROUPS

Supported playgroups bring parents and children (usually aged 0–5) together for play-based activities, social connection, learning and as a ‘soft entry’ to additional support – guided by a professional facilitator.

The published evidence of outcomes for supported playgroups is relatively strong, with findings that are both consistent across studies and aligned with the intended impacts of supported playgroups. The evidence-base is well summarised by two separate meta-analyses.

### Evidence of outcomes for parents

- Improved knowledge about child development and their home learning environment: Parents report that supported playgroups helped them to learn more about caring for their children, and that they initiate more activities and are more likely to play and learn with their children at home.
- Improved their confidence and skills in parenting: Parents report that the skills developed within the playgroup made them more confident, and that they adopted the positive parenting strategies they learned at supported playgroup in their home.
- Built stronger social connections and support: Supported playgroups aid in the development of new relationships, access to informal social and

parenting support, and significantly reduce social isolation – which is a key contributor to depression and anxiety, which can both adversely impact on a child’s home learning environment. The social benefits of supported playgroups often extend beyond the playgroup itself: One study showed 68 per cent of families had contact with another playgroup family ‘out of session’, and another study showed these relationships are sustained until children are at least 8 or 9 (Commerford & Robinson, 2017; Berthelsen et al., 2012; Hancock et al., 2015).

### Evidence of outcomes for children

- Social skill development – including a positive change in their child’s social skills and capacity to get along with other children.
- Emotional skill development – including improved learning to share, increased confidence, and more positive behaviour.
- Language and communication – improved speech and understanding.
- Physical development – more active engagement in play.

A meta-analysis from the Australian Institute of Family Studies concluded that *“it is clear that the provision of supported playgroups is fulfilling an important community need by providing support to parents with young children”* (Commerford and Robinson, 2016).





# Quality early learning: Amplifying and extending children's learning and development

Sustained participation in high-quality early learning is one of the most effective strategies for reducing developmental vulnerability and the achievement gap between advantaged and disadvantaged children.

The achievement gap starts early and becomes progressively harder to close over time. Australian research shows that the majority of children who start school behind their peers struggle to catch up (Lamb and Huo, 2020). There is clear Australian and international evidence that illustrates the timing and extent of this gap:

- Developmental gaps between higher and lower income children appear as young as nine months old (Halle et al., 2009).
- At 18 months, toddlers from low-income families can already be several months behind their more advantaged peers in language development (Fernald, Marchman, & Weisleder, 2013).
- In Australia, one in five students are starting school experiencing significant vulnerabilities that make it hard for them to learn and participate in a classroom. This grows to two in five for Aboriginal and Torres Strait Islander students (AEDC, 2021).
- Children who start school developmentally vulnerable are less likely to achieve national minimum standards in literacy and maths. Children who start school developmentally vulnerable are five times less likely to score in the top two bands of Naplan (Pascoe & Brennan, 2017), and in fact, only 12 per cent of the children who start school developmentally vulnerable are on track by Year 3. These effects are sustained, as developmentally vulnerable children are also more likely to stay in the bottom 20 per cent of Naplan in Years 3, 5 and 7 (Brinkman, 2014; The Front Project, 2022). A child in the bottom 20 per cent in Year 9 only has a nine per cent chance of getting an ATAR above 50, restricting their options for future study (Houng & Justman, 2014).

A key reason that early learning plays such a critical role is that the early years are a 'sensitive period' for the

development of foundational skills (outlined in Chapter 1). Participation in at least two years of quality early learning, with skilled teachers and educators and engaging learning environments, creates the opportunity to scaffold, extend and optimise the development of these foundational skills – which are known predictors of children's later outcomes.

This section outlines the short- and long-run impacts of early learning, the critical role quality plays, and key considerations around dose and duration (i.e. how much and how long).

## THE SHORT- AND LONG-RUN IMPACTS OF QUALITY EARLY LEARNING

There is a large and growing evidence base, both in Australia and internationally, on the impact of quality early learning on short- and long-term outcomes for children (Fox and Geddes, 2016; O'Connell et al., 2016; Phillips et al., 2017; CESE, 2018). A recent 'Consensus Statement' on the impacts of early learning from the leading researchers in early childhood education, including the most conservative and indeed sceptical academics, concluded:

- Children growing up in disadvantaged communities benefit the most from access to early learning.
- Children who speak a language other than English also experience greater benefits.
- Effective programs deliver improvements in literacy, numeracy and social and emotional outcomes (Phillips et al., 2017).

Australian research shows that children from all backgrounds are significantly less likely to be developmentally vulnerable when they start school if they attend early learning (The Front Project, 2022). On average, twice as many children who did not attend early learning experienced vulnerability than children who did, with particularly strong effects for children from disadvantaged backgrounds (see Figure 2; The Front Project, 2022; AEDC, 2014).



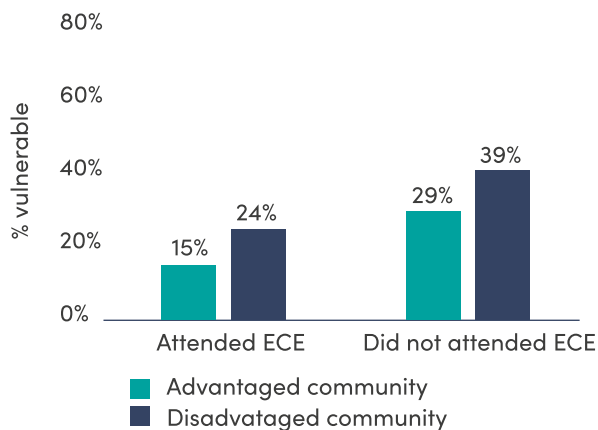


Figure 2: impact of early learning on developmental vulnerability (AEDC, 2014)

Even after accounting for differences in background and characteristics, children attending preschool were rated more than eight percentage points higher in language and cognitive skills and in communication and general knowledge (The Front Project, 2022).

The Consensus Statement notes that the quality and consistency of studies is variable, as it's a large, diverse and complex evidence-base. However, there are enough Australian and international studies that demonstrate the impact that high quality early learning can have, in order for experts and program administrators to be confident in its impact on two core child development skills:

- Cognitive skills, particularly language and communication and numeracy (Houng and Justman, 2014; Gormley et al., 2005; Melhuish, et al., 2015; Taggart et al., 2015; van Huizen and Plantenga, 2018; Burchinal et al., 2015; Camilli et al., 2010; Magnuson and Duncan, 2013).
- Social and emotional skills, particularly peer relationships, externalising behaviour and self-regulation, although these effects can be harder to measure accurately (Morris et al., 2014; Moore, et al., 2015; Taggart et al., 2015; Blair, 2016; Murano et al., 2020; Blewitt et al., 2021).

A recent Australian study evaluated the impact of a very high-quality early learning program for young children with significant history of trauma and disadvantage. Children who participated in this program had substantially higher IQ and greater resilience and there was a 30 per cent reduction in the proportion of children with clinically significant social and emotional challenges – substantially reducing the gap between this cohort of highly vulnerable children and their more advantaged peers (Tseng et al., 2019).

There is also good evidence that the impacts of quality early learning are sustained. A 2017 meta-analysis of high-quality experimental and quasi-experimental studies conducted between 1960 and 2016 found that participation in early learning led to:

- Significant reductions in placements in special education programs.
- Fewer children repeating years of schooling.
- Increased high school graduation rates (McCoy et al., 2017).

These findings are consistent with earlier analysis from the UK, which saw sustained impacts from early learning participation in senior secondary school (Taggart et al., 2015) and with recent high-quality evaluations of universal pre-k programs from the United States (NBER, 2021).

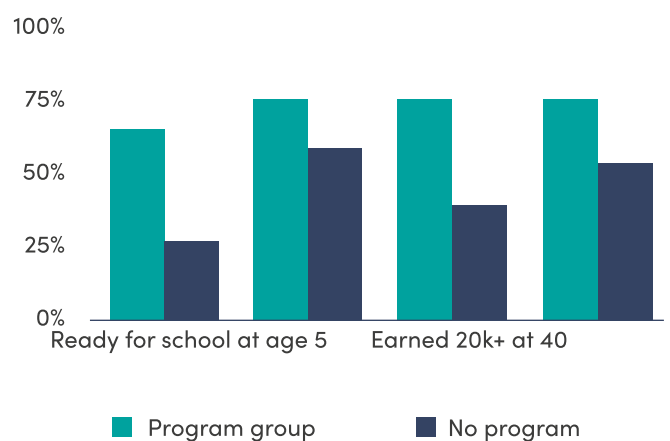


Figure 3: long-term effects of participation in the Perry Preschool (Heckman et al., 2009)

It is also consistent with OECD analysis that shows attending more than one year of preschool is associated with a 33 point gain in PISA scores for 15 year olds, the equivalent of an extra year of school (Mostafa and Green, 2012). This study found also that a child that does not attend early learning is nearly twice as likely to perform poorly PISA (Mostafa and Green, 2012). Across these studies, it is clear that there are additional benefits from attending more than one year of early education (Fox and Geddes, 2016).

High-intensity programs targeted at highly vulnerable children (delivered in the US in the 1960/70s and with long-term follow up of participants) have been able to demonstrate significant long-term benefits – including high school graduation rates, employment and earnings through adulthood and incarceration rates (see Figure 3: Schweinhart et al., 2005; Heckman et al., 2009).

## AN ADEQUATE ‘DOSE’ OF HIGH-QUALITY IS REQUIRED FOR EARLY LEARNING TO HAVE A POSITIVE IMPACT

The evidence is very clear that early learning delivers positive and sustained benefits for children only when it is high-quality – with the most substantial benefits coming from more than one year of early learning (see Figure 4; Taggart et al., 2015). Numerous qualitative literature reviews (Melhuish et al., 2015, Torii, 2017; AIHW, 2015) and meta-analyses (e.g. Ulferts and Anders, 2016; Moore, 2021b) establish that the quality of the learning environment, and the sophistication of interactions with teachers and educators, is the crucial determinant of the positive early education effects.

It is only high-quality early education that delivers substantial and sustained impact (Tayler et al., 2015; Moore, 2021b), but equally importantly, low quality can lead to significant harm. Low-quality early learning can impact early language and cognitive development, as well as levels of stress and anxiety and behavioral issues (Baker et al., 2015; Herry et al., 2007).

In Australia, disadvantaged children are significantly less likely to have access to high-quality early education, with only 7 per cent of children from low SES families attending the highest quality programs (Cloney et al., 2015; Torii et al., 2017).

There are two key aspects of quality, both of which are important influences on children’s outcomes:

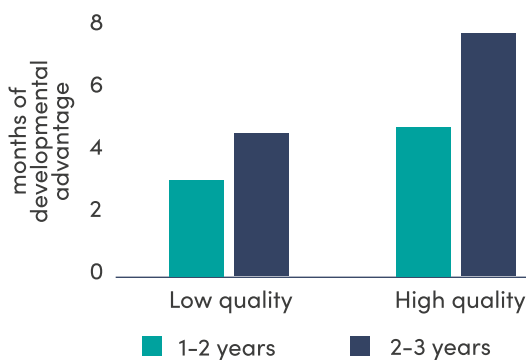


Figure 4: early learning benefits by quality and duration (Taggart et al., 2015)

- **Structural quality**, which includes factors like educator-to-child ratios, educator qualifications, and group size.
- **Process quality**, which includes the sophisticated pedagogical practices and interactions between children and their teachers and educators, including:
  - Emotional support (climate for learning, teacher sensitivity, regard for student perspectives).

- Classroom organisation (including organisation and routines, behaviour management).
- Instructional support (including concept development, language modelling and the quality of feedback) (Hamre in CESE 2018).

A comprehensive 2018 review from the NSW Centre for Educational Statistics and Evaluation (CESE) summarises the evidence for structural and process quality elements. It finds, for example:

- Lower educator-to-child ratios is associated with higher quality practices, higher process quality and improved child outcomes – including social and emotional skills, children’s language skills, and infant communication.
- Teachers and educators with early childhood specific training deliver better quality early learning, with associations with improved cognitive and language outcomes.

A 2021 OECD study of process quality highlighted the critical importance of pedagogy, curriculum and everyday routines in ECEC settings, and points to the complexity and sophistication of practice required for impactful early learning.

A 2018 Campbell Collaboration systematic review also found significant relationships between teacher qualifications and core aspects of early learning program quality, including program structure, learning activities, space and furnishings, language and interactions, and parent/carer relationships (Manning et al., 2018). This highlights the critical role of a skilled, capable and supported workforce for delivering quality early childhood education programs.

However, the research is clear that while the structural quality elements create the conditions for effective and impactful early learning, they do not guarantee it. Although it is more difficult to define and measure, process quality – the sophisticated pedagogical practices of teachers and educators and the learning environments they create – is likely to have the most significant impacts on children’s learning. A 2019 meta analysis, for example, found significant and sustained relationships between process quality indicators and children’s achievement through school (Ulferts et al., 2019).



## CHILDREN BENEFIT FOR AT LEAST TWO YEARS OF CONSISTENT ATTENDANCE

In addition to quality, the amount and duration of early learning programs is also a critical influence on the potential of early learning to lift children's outcomes. In general, finding precise thresholds has been challenging (Zaslow et al., 2016) but there is growing consensus in the literature that:

### Two to three years of early learning is beneficial

A recent meta-analysis of 67 high-quality evaluation studies conducted between 1960 and 2007 found larger effect sizes for programs starting in infancy/toddlerhood than in the preschool years (Li et al., 2020). This is consistent with earlier research, including:

- Analysis from the UK, which found children attending more than two years of early learning experienced an eight-month developmental gain.
- Analysis from New Zealand which found that children who attended early learning for 3–4 years had stronger cognitive outcomes than children who attended for less – with these impacts extending though at age 14 (Melhuish and Hoden in CESE, 2018; AIHW, 2015).

### Consistent attendance is beneficial for children

The evidence on full-day versus part-day attendance is much more contested, but there is growing support for full-day attendance (CESE, 2018). For example, a recent experimental study found improved outcomes for children attending full days, including teacher-reported improvements in cognition, literacy, math, physical, and socio-emotional development (Attenbury et al., 2019). However, some studies have shown that more than 30 hours a week of early learning can have detrimental effects, particularly if quality is low (AIHW, 2015).

In addition, there is some evidence that children from disadvantaged backgrounds benefit from higher dose and duration of early learning (Gilley et al., 2015; Fox and Geddes, 2016).

# Continuity of learning: Building on the foundations

Starting school is one of the major transitions individuals make in their lives. Positive starts to school matter for child learning and life outcomes (OECD, 2017; Dockett & Perry, 2014).

Engagement at school, and more particularly, a sense of belonging at school, are critical factors in a child's learning and development impacting educational attendance, attainment, and achievement, as well as the development of lifelong skills for resilience and behaviour.

Negative experiences when starting school can impact a child's engagement, their image of themselves as learners, and their longer-term abilities to cope with change. Those who are disengaged from the beginning, can fall behind and disengage further, at risk of early school leaving and low achievement (Victorian DET, 2017; Martins et al., 2022).

Positive starts to school, fostering a sense of belonging, can change the trajectories for those from disadvantaged backgrounds, disrupting cycles of social and economic disadvantage, promoting resilience, and supporting better educational outcomes (Victorian Department of Education and Training, 2017; Dockett & Perry, 2014; AERO, 2022).

Achieving continuity of learning across these years is increasingly recognised as the central factor in maximising the benefits from early learning, ensuring it does not 'fade out' or children 'slip backwards' through negative experiences.

This discussion addresses three key concepts central to ensuring children start school well:

- Supporting children's readiness for school, and schools' readiness for children.

- Enabling the transition to school.
- Ensuring continuity of learning.

The exploration of continuity draws heavily on two recent Our Place publications on continuity of learning (Collins et al., 2021 and Collins et al., 2022).

## SCHOOL READINESS

There is a vast amount of research in Australia and internationally on school readiness and the concept has become increasingly nuanced over time (OECD 2006; OECD, 2017; Williams et al., 2019).

In particular, concepts of school readiness have moved beyond a narrow, school-commencement-driven and task-related checklist of skills to the wider set of cognitive and social and emotional capabilities that set children up well and to the capacity of schools to meet children where they are in their learning journey (CESE, 2021; Gullo and Miller 2018; Rouse 2020; UNICEF 2012; Zubrick et al., 2015).

There is now a widely accepted multidimensional concept of school readiness moving away from a child-only readiness focus on:

- Readiness in children.
- Readiness of schools.
- Readiness in the family and community (CESE, 2021; Williams et al., 2019; Christensen et al., 2020; Dockett, Perry and Kearney 2010; Hugo et al., 2018; Krakouer et al., 2017; OECD 2017).

See Box 3 for a full illustrative description of the key elements of school readiness.





### BOX 3: SCHOOL READINESS – A MULTIDIMENSIONAL CONCEPT

The American Academy of Pediatrics Technical Report on School Readiness offers the following definitions and inclusions, across three components of readiness – child, school, and family/community:

Readiness in the child, defined by the following:

- Physical well-being, sensory and motor development.
- Social and emotional development, including self regulation, attention, impulse control, capacity to limit aggressive and disruptive behaviors, turn-taking, cooperation, empathy, and the ability to communicate one’s own emotions; identification of feelings facilitates accurate communication of these feelings.
- Approaches to learning, including enthusiasm, curiosity, temperament, culture, and values.
- Language development, including listening, speaking, and vocabulary, as well as literacy skills, including print awareness, story sense, and writing and drawing processes.
- General knowledge and cognition, including early literacy and math skills.

Schools’ readiness for children, illustrated by the following:

- Understanding of early child development and that children learn through play and natural experiences.

- Smooth transition between home and school, including cultural sensitivity and opportunities for parent engagement with schools.
- Use of high-quality instruction, provided within the context of relationships and at a rate designed to challenge but not overwhelm a child.
- Demonstration of commitment to the success of every child through awareness of the needs of individual children, including the effects of adverse childhood experiences, including poverty and racial discrimination, and trying to meet special needs within the regular classroom.

Family and community supports that contribute to child readiness:

- Excellent prenatal care and ongoing primary care within a medical or home setting that is comprehensive, compassionate, and family centered.
- Optimal nutrition and daily physical activity so that children arrive at school with healthy minds and bodies.
- Access to high-quality preschool and child care for all children.
- Time set aside daily for parents to help their child learn along with the supports that allow parents to be effective teachers” (Williams et al., 2019, p.3).



## CONTINUITY OF LEARNING

Recent research shows that while the transition between the physical spaces of ECEC services and primary school is important, it is continuity of learning that is critical (Shuey et al., 2019). Children benefit from high-quality experiences that build on each other steadily over time, with consistency in both early learning and school across curriculum, pedagogy and assessment (Institute of Medicine and National Research Council, 2015). New learning experiences will be most effective if they are linked to what children already know, their own awareness of their learning journey, and their sense of identity as a learner (Dunlop, 2003). In other words, early learning benefits can be either leveraged or diminished by the transition to primary school (Shuey et al., 2019).

Without continuity, the benefits of early learning can fade and there is a risk that emerging skills and abilities may stagnate or slip backwards. The evidence also indicates that vulnerable children are the ones who have the most to gain from both high-quality early learning and improved continuity in learning through to school (OECD, 2018). Just as the advantages from an effective early years' experience are greater for children facing education disadvantage, so too are the advantages greater of a continuity of learning approach (Collins et al., 2021).

## TRANSITION TO SCHOOL

Effective transitions are defined as being “when children and families feel a sense of belonging in their new school community, and when this is also recognised by teachers and educators” (Dockett & Perry, 2014, in AERO, 2022 p.4). Effective collaboration between ECEC services, schools and families is facilitated by:

- Opportunities to share information, to collaborate and be engaged in activities such as transition and orientation programs, and using transition statements or supporting documents and activities that reflect the needs of families and engage communities (CESE, 2021).
- Actively and authentically engaging families during the transition process, which builds positive relationships and leads to a sense of belonging for families within the school community (Webb et al., 2017; Department of Education and Training Victoria, 2017).
- Support for collaboration between early learning and school educators (CESE, 2021; Dockett & Perry 2014; Collins et al., 2021) including development of cross-sector professional networks and collaboration with purpose (AERO, 2022; Dockett & Perry, 2021).

“

**Coherent teaching strategies across early learning and into primary education would offer young children a consistent, connected series of learning experiences.”**

***Collins et al, 2021***

Particularly for disadvantaged and vulnerable children, the benefits of participation in high-quality early learning settings often fade out when they are in primary school

settings with different approaches (Stipek, 2017, Reynolds, 2019, Stipek, 2019, Jacobson, 2019). Universal services connecting early learning to school in placed-based settings are proving to be beneficial for engagement and use of services, supporting inclusion and development and /or mitigating against negative experiences of transitions (Taylor et al., 2017; Social Policy Research Centre, 2012; Newman et al., 2022).

A study of the Chicago Child-Parent Center Program found that a continuum of effective teaching and learning from preschool through to the early years of elementary school, plus the engagement and supporting of families, led to greater tertiary education attainment in the long term (Reynolds et al., 2018). The fade-out of early learning that had been observed in many early childhood education enrichment initiatives did not occur. Rather, the early learning gains were consolidated and continued into later school years and beyond, including higher tertiary education achievement (Collins et al., 2021).

Collins et al., (2021) argue that “while current efforts to create smoother transitions are important, there is a need to go beyond bridging contexts to actually reducing the difference between the two” (p.7). They call for a transformation of ‘ways of working’ to support continuity of learning, and identify the essential components of continuity of learning:

### Organisational and professional continuity

Alignment in educational system governance and collaboration and consistency across the early learning and school workforces.

### Curriculum continuity

Broad learning pathways and specific learning outcomes that extend through to age eight, with recognition that early cognitive, social-emotional and physical competencies are built on over time.

### Pedagogical continuity

Common teaching practices that include direct instruction and experiential/inquiry learning approaches.

### Assessment continuity

Ongoing formative and summative assessment which allows early years and primary school teachers to work from where a child is towards achieving those outcomes, linked to learning pathways (Institute of Medicine and National Research Council, 2015).

### Social and relational continuity

Maintaining peer-relations as much as possible during transitions (Dockett and Perry, 2014).

### Physical continuity

Similarities in learning environment in both settings (Institute of Medicine and National Research Council, 2015).

### Philosophical continuity

Shared mindset and consistency in values, concepts and methods used in the different settings (Wilder and Lillvist, 2018; Collins et al., 2021 p.10).

“

**A continuity of learning approach is underpinned by ‘ways of working’ that enable the early learning and school systems to deliver a unified learning experience for children.”**

***Collins et al., 2021 p.8***

Workplace visits or central shared spaces for collaboration, which support mutual or shared power bases, build strong connections between communities and schools, and acknowledge different contributions from home, early learning, and school sectors, are emerging as catalysts for positive change. A recent review of transition measurement by AERO (2022) highlights project examples:

The Linking Schools and Early Years project (Social Policy Research Centre, 2012) in Victoria from 2006–2012 used a place-based community-led approach to develop and strengthen relationships between ECEC and schools to facilitate better outcomes for children.

- An action research project across 15 sites in Victoria where each examined one of three promising practices: buddy programs, reciprocal visits for teachers and educators, and family involvement (Smith et al., 2010). Data collected through observations, focus groups and individual interviews demonstrated that transition practices do not sit in isolation and that building relationships is integral.

- The importance of reciprocal visits was also emphasised through further work in Victoria that evaluated focus group data, evaluation protocols and professional learning videos from two sites in 2015 (Scull and Garvis 2015). (AERO, 2022, p.10).

The exploration of continuity in the recent Our Place publication *Continuity of learning: Pathways from early learning to school* (Collins et al., 2021), describes a system which delivers continuity of learning as “an aspirational approach that would require significant policy change in most cases.” (p.9). Collins et al., acknowledge the significant progress already made in Australia and call for greater implementation and innovation at a system and local level.

More research is needed, for example, to better understand how to achieve lasting results from early learning, more consistently, and more specifically how to sustain and build on initial gains made in the first five years (CESE, 2021).

**“**

**Continuity of learning means that it’s continuous. There are no breaks, there are no changes. Transitions are no longer necessary, because it’s continuous. You don’t have to go from this approach to that approach. You don’t go from play-based learning to structured school-based learning. It is much more seamless and without boundaries.”**

***Professor Jane Bertrand in Rethinking Assessment p.8***

Evolving assessments is another critical piece of the reframing of transitions to continuity. As outlined in the recent Our Place publication *Towards Continuity of Learning: Rethinking Assessment* (Collins et al., 2022), current approaches to assessment in Australia are neither consistent nor harmonious. Mindsets and methods vary across settings spanning 0–8 years.

More consistent use of common assessments across these early years is an aspirational goal currently supported in practice by the emerging frameworks and resources of governments such as that, for example, of the Victorian Early Years Learning and Development Framework

(VEYLDF) where assessment is designed to discover what children know, understand, and can do. These methods reflect a whole-child approach that may include their health and wellbeing, reveals their strengths, and shows what might next be learnt (VCAA, 2021, in Collins et al., 2022).

Collins et al. (2022) emphasises a reframing of assessments not as test or tools but focusing instead on “how best to gather a range of information to equip teachers and educators to understand and enhance the learning journey of individual children” – assessment means discovering and documenting what children know, understand, and can do – and how they learn best (p.7).

Evidence shows that a ‘Continuity of Learning’ approach to assessment is a key opportunity: to deliver higher learning standards; to ensure that learning roadblocks are removed; and, to accelerate outcomes for all children. A continuity of learning approach to assessment enables teachers and educators to:

- Build on a child’s prior achievements.
- Inform and enable the creation of aligned curriculum.
- Empower children as learners.
- Take advantage of a longer learning runway.
- Be developmentally and culturally inclusive.
- Be informed by the voice of the child, parents and carers (Collins et al., 2022, p.28).

Paying attention to assessment is even more critical in contexts where children are either finding learning more difficult or where children are excelling. They will sit outside the ‘average’ and require attention and planning to enable their learning journey to deliver the highest outcomes possible (Collins et al., 2022, p.7).







“

**Good assessment is assessment that defies boundaries, whether they're educational boundaries, or health boundaries. It presents data in a way that anyone who's working with children can shift their trajectories for better outcomes. The strength in the assessment is what you do with the data, not the data in and of itself. It should be a package that empowers educators to support children.”**

***Cathrine Neilsen-Hewett in Rethinking Assessment p.22.***

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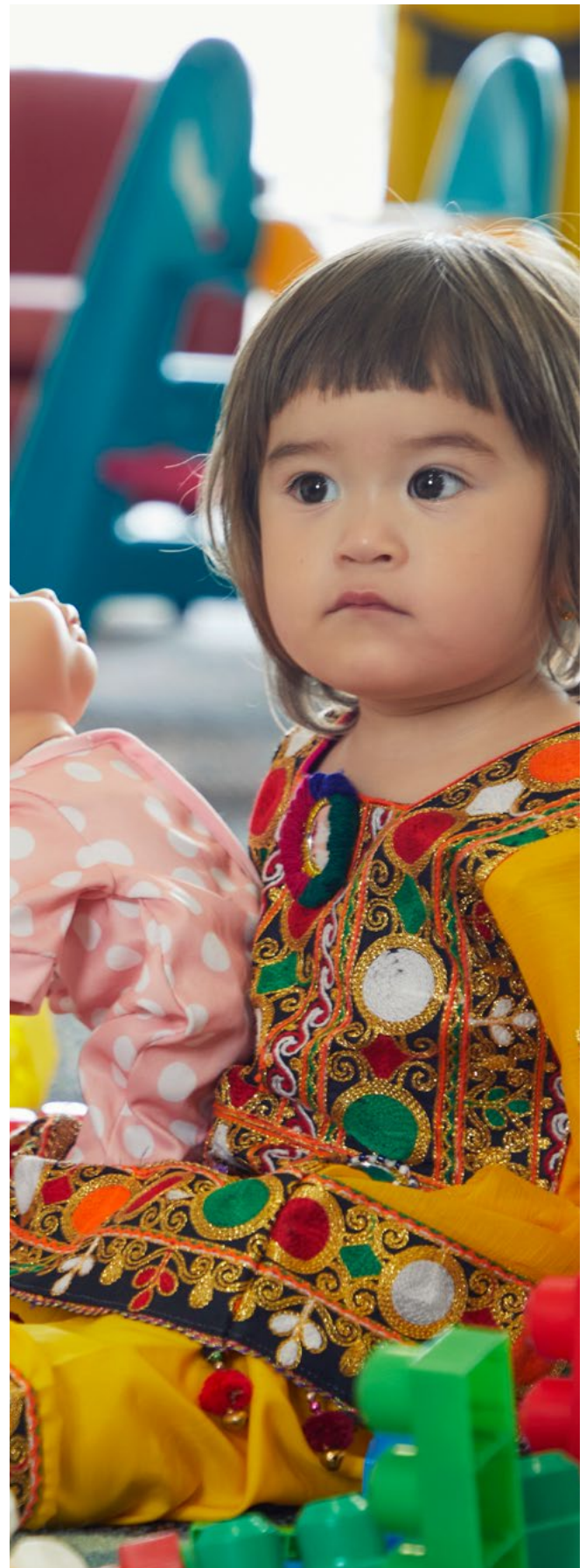
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