THE SOUTH BURNETT - EARLY MOVEMENT AND STIMULATION PROJECT

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Research number:

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- *University of Southern Queensland*
- *Queensland Health (Darling Downs Population Health Unit)*
- *Graham House Community Centre Association Inc, East Murgon*

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PREFACE

Now more than ever before it is imperative that the old adage of 'it takes a village to raise a child' is embraced within communities. Where the responsibility of child-rearing moves beyond just that of the immediate family and now includes the extended family and wider community (Sims, 2009). Types and level of care are now being transformed due to family units in the 21st Century being defined in much broader terms (single parents, teenage mothers, same sex families, extended families, step families) and changing economic and social norms (Early Childhood Development Subgroup, 2008; Farkas, Duffet, & Johnson, 2000; NSW Commission for Children and Young People and National Investment for the Early Years (NIFTeY), 2008). Family support networks, health professionals, teachers, early childhood services, parents and positive experiences providing a powerful trajectory for a child's future development, values and behaviours (Brett, et al., 2004; Centre for Community Child Health, 2006; Hertzman, 2002; Hills, King, & Armstrong, 2007; Lindsay, et al., 2006; Shonkoff & Phillips, 2001; Siegel & Hartzell, 2003).

Economists and social scientists are reinforcing the economic rationalism of investing in young children as a proactive step in developing strong and more sustainable societies (Heckman, 2006; Lynch, 2004; M. McCain, et al., 2007; Van der Gaag, 2002). Early intervention strategies are an opportunity to help mitigate and perhaps even prevent a range of health issues as well as being a proactive step in building stronger families and communities (Brown, in preparation; Dietz, 1998; M. McCain, et al., 2007; M. N. McCain & Mustard, 1999; Nader, et al., 2006). These early intervention strategies are not only seen as being cost-effective strategies but an alternative to the heavy economic burden currently being faced both nationally and internationally to deal with the effects of associated health and developmental concerns (Watson & Tully, 2008). Health and wellbeing experts theoretically agreeing that lifelong habits and experiences initiated in infancy and the early years have far-reaching and solidifying effects on future development, habits and behaviours that are often much more difficult to change later in the life (Keating & Hertzman, 1999; Knudsen, Heckman, Cameron, & Shonkoff, 2006; Saaklahti, et al., 2004; Timmons, 2005).

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About the author

Ms Alice Brown *is a PhD candidate and specialises in Health, Wellbeing and Social Ecology. She has a background teaching in education, early childhood, physical activity and health over twenty years and currently shares her time between lecturing and researching in Higher Education at the University of Southern Queensland. She has been Principal Researcher on a variety of Early Childhood, Health, Education and Teaching and Learning Projects including a recent project titled: Investigating stakeholders, opportunities and key entry points for increasing physical activity participation in rural communities in Queensland directed by Chief Researcher Robert Eley.*

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Background to the project

In mid 2007, as a result of organisational restructering, the Darling Downs Population Health Unit assumed responsibility for providing services to the South Burnett. Previously these communities had been allocated to the population health uint in Wide Bay. The key aim of the 'South Burnett – Early Stimulation and Movement project was to pioneer partnerships with families and local support networks in this region and develop an understanding of their contexts. This project was underpinned by a strength-based paradigm that acknowledged the significant contribution families and key agencies in contact with families have in disseminating information and supporting experiences with bonding and attachments as well as routines that stimulate early brain development using physical activity strategies. This study invited key agencies (early childhood services, playgroups, schools, community health agencies, support networks and other organisations that support families and protect children) and parents of young children to share their stories and experiences. The aim of documenting and analysing this information being to develop a deeper appreciation of the region's contextual issues, particularly in terms of supporting strong attachment relationships and the health and well-being of young children. This research aimed to record participant stories and 'lived experiences' on information pertaining to their understandings of and practice with bonding and attachment ('connecting with children') as well as routines that stimulate early brain development using 'active play' and physical activity strategies as part of *South Burnett – Early Stimulation and Movement Project (SBES&MP).*

Further to this, the research aimed at gaining a better understanding of the constraints on and enablers of these stakeholders in supporting early movement and bonding opportunities 'connecting' with young children and produce knowledge and action that would be valued by these groups. After consultation with key stakeholders on how they acquired and used information (in particular in relation to bonding, attachment and active play) and their preferred avenues for information dissemination, the final stage of this project was to report back to stakeholders insights from the study and share a contextualised resource that emerged from and was developed for stakeholders titled the '*Connecting with Kids Cards*'. It was anticipated that parents of young children and other stakeholders could adapt and implement this resource and information in their own context when facilitating movement experiences, active play and quality interactions for optimum brain development and consequently healthy bonding and 'connecting' with children. It was also important at this stage of the study to share ideas and critically reflect with the intention of 'thinking otherwise' as to what the implications of these findings may mean to parents, early childhood educators, community health and support services. Exploring the questions- So what….who cares…..where to from here? The final step in the 'thinking otherwise' process was to explore further projects and what possibilities could evolve from the *South Burnett – Early Stimulation and Movement Project-Stage 1.*

Introduction

Early childhood is currently experiencing a surge of interest in relation to policy, government initiatives and action groups recognising that birth to eight are the most formative stage in life (Heckman, 2006; Heckman, Masterov, Foundation, & Str, 2007; Northern Territory Education Advisory Council, n.d; Press, 2006; Save The Children, 2009; Wise, Silva, Webster, & Sanson, 2005). Recent advances in research particularly in the area of neurobiology and physiology reinforcing this intuitive belief and now highlighting that children thrive best, are at less risk of negative outcomes and experience optimum brain development when they are in stable and secure relationships (M. McCain, Mustard, & Shanker, 2007; Mustard, 2008; Shonkoff & Phillips, 2000; Sims, 2009).

We are also recognising that due to increase pressure on families and the way they are evolving children may need to experience multiple secure attachments in the first few years of life (Gerhardt, 2004). It is appreciated that families and parents are critical gatekeepers in supporting children however it is also recognised that other significant adults have a part to play in influencing children and supporting secure attachments, health behaviours, values and participation in active play (Brett, et al., 2004; Campbell, et al., 2008; Lindsay, Katarina, Sussner, & Steven, 2006; Spurrier, Magarey, Golley, Curnow, & Sawyer, 2008). The knowledge of this critical aspect of multiple attachments and the acceptance of this different 'ontogenic lens' through which to view optimal support for children is still in its infancy and the recognition and valuing of this perspective as a strength based paradigm requires ongoing advocacy and exploration (Brown, in preparation; Sims, 2009).

Further, yet just as urgent a subject, with the paediatric epidemic now occurring involving more than 22 million children under five that are inactive, overweight or obese (Koplan, Liverman, & Kraak, 2005; Lobstein, Rigby, & Leach, 2005) it is vital that this phenomenon be more fully explored (Tremblay & Wilms, 2003). Evidence now suggesting that even for very young children play and active experiences are becoming more controlled and restricted due to factors such as fears of 'stranger danger', lack of time, overscheduled children and time/work pressures (Buckingham, 2000; Matthews, Limb, & Taylor, 1999). Two key areas that cannot be overlooked in proactive strategies to circumvent these statistics are: the role that childhood physical activity plays in establishing long and short-term health outcomes (Bar-Or, et al., 1998; Hands, Parker, & Larkin, 2001); and acknowledging the important role that significant adults exert in influencing children's behaviours, values and participation in physical activity (Brett, et al., 2004; Lindsay, et al., 2006; Spurrier, et al., 2008). These two points signify a major intersection or shift in focus from dealing with the problem to proactive strategies that need to invest capital in early intervention and prevention strategies. These strategies need to address health education and the promotion of well-being and active lifestyle habits as a much more cost effective alternative to what is currently a very expensive burden on the community (Duderstadt, 2007; Gunner, Atkinson, Nichols, & Eissa, 2005; Halfon, DuPlessis, & Inkelas, 2007; Klish & Goodrick, 2003; Williams, 2003). This shift acknowledges the significant necessity of understanding the multiple contextual influences impacting on social health issues, one of which being concerns over paediatric inactivity (Franks, et al., 2005; Stokols, 2000a).

Methodology

Case study was used for this research as it best afforded a 'real life' glimpse and contextual understanding of what was happening in relation to attachment, bonding and active play in the South Burnett community (Yin, 2003). Case study allowed for multiple sites to be explored and for researchers to drill down, pursue an in-depth examination of issues that contribute understanding of the phenomena and hear multiple perspectives (Burns, 2000; Denzin & Lincoln, 2000; J. Freedman & Combs, 1996; Krathwohl, 1998; Maxwell, 1996; Stark & Torrance, 2005; Yin, 1989). A necessary criterion for each case was that participants either directly (parents, caregivers) or indirectly (family support networks, community health workers, etc) supported or worked with families with young children. This was important in this study as these particular stakeholders were identified as being at the heart of influencing and supporting the values, beliefs and attitudes of families and children (Baranowski, Cullen, Nicklas, Thompson, & Baranowski, 2003; Műller, Danielzi, & Pust, 2005).

Participants were recruited primarily from contacts and referrals with key agencies in the South Burnett community (although researched did use convenience sampling to recruit some parents for this study as well). Participants in this study included: playgroup mothers, community development workers, centre care workers, community support services and parents and were recruited primarily from contacts and referrals with key agencies in the South Burnett community (although researched did use convenience sampling to recruit some parents for this study as well). Data collection primarily involved semi-structured interviews assisted by audio recording. These interviews examined the following topics with participants:

- perspectives and context;
- constraints on and enablers of supporting movement experiences with very young children (birth to 5); views and experiences with quality attachment and bonding and how early movement routines can support this (commonly referred to as 'connecting' with children);
- perceptions and feedback on how stakeholders acquired and used information (in particular bonding, attachment and physically active play) and their preferred avenues for information dissemination best support their relationships and support their work with families and children in the future.

KEY FINDINGS

Key Findings

Context

- The location in which participants lived varied considerably and in some cases impacted on their accessing a range of services.
- A number of parents expressed frustration, concern and disadvantage at being isolated or limited in the range of services particularly accessing doctors and other specialists.
- A significant number of traditional parental values are still evident in the community. In particular this was in relation to the place of women and men and gender typical roles in parenting and children rearing.
- There were a number and varied support and child care arrangements that existed in the South Burnett region. Additionally mixed arrangements tended to be a popular option. Child care helps support a large number of parents going to work and is an integral part of the support structure in this region. Extended family was also utilised by a significant number of families.
- Although there was a range of support services available for families – Community Health Nurses dominated discussion as to positive connections and levels of support.
- Interviews and sharing of information on Community Health Nurses reinforced the power and potential of the first few weeks after child birth as being a critical time to connect and support parents.
- A range of other very effective and dedicated services existed within the SB region. These services proactively collaborated with each other in supporting families and children.

Understandings of connection & attachment

- Many parents did not understand, know of or use the words 'bonding and attachment'. In exploring the phenomena of bonding and attachment, the word 'connecting' with their children or 'enjoying time' with their children were identified as words that meant more or resonated with their contexts.
- Spending time and physical contact with their children emerged as the main understanding/experience parents had of bonding and attachment.
- Parents discussed instigating activities aimed at the child's interests as a bonding experience. The focus of these experiences was primarily on the mutual enjoyment between the parent and child.
- Interestingly, establishing a household routine was identified as a way for the parent to spend time with the child and therefore engage in a bonding experience. Tasks that could be viewed as mundane and necessary parts of everyday life were regarded as valued opportunities for bonding and connecting with kids.
- A number of parents referred to the relationship as one that happened naturally and without any real conscious effort. For some parents bonding didn't need to be reinforced as it is inherent in their thoughts, actions and context.
- A number of parents instantly referred to breastfeeding and 'bottle feeding' as a bonding experience because of the opportunities it provided for mothers to have quality 'one- on-one' time with their children.

Understandings of connection attachment continued

- The extended family emerged as a primary enabler of the parent-child attachment relationship particularly for those Indigenous parents who compliantly took on the views of their respected elders. Literature and books on parenting also rated high as a form of support thus enabling the parent-child attachment relationship.
- Interestingly, although information and support networks emerged as major enabler for many parents it was for other parents a major constraint to the parent/child attachment relationship.
- The key constraint faced by community stakeholders in supporting and offering their services to parents in their parent/child attachment relationships was accessibility to parents and time pressure.
- Physical and emotional health was identified as a constraint to the parent/child attachment relationship. The day to day physical strain of caring for a newborn/young child identified by parents as creating difficulties to the bonding relationship.
- Physical and emotional states are major factors impacting on a parent's ability to commit to the parent/child attachment relationship.
- The traditional solitary focus on the mother and baby being mentioned as a constraint father's face when pursuing their parent/child attachment relationships.
- In order to reach parents in this diverse community it is recommended that interventions are designed to compliment and build on the already operating community support services that have secured working trustworthy relationships with parents and other key stakeholders
- Parents' approaches to their tasks and the historical and economic contexts within which the tasks of parenting and child rearing are framed occur within the social and political milieu.

Physical activity and active play

- There was significant overlap in findings pertaining to active play experiences as well as bonding and attachment. Time parents spent with children was often both active play opportunities as well as wonderful opportunities to connect and bond with children.
- There was a high correlation between those parents who connected with children and those who provided active play experiences.
- The home context and a range of other support services and primary care contexts provide experiences in active play opportunities with young children as well as what 'gets in the way'.
- Location and the physical environment proved to be both a barrier and enabler to active play experiences.
- Routines were identified as key opportunities to spend time and connect with children while supporting active play and learning.
- Although some parents identify safety concerns as a barrier, other parents prioritised or found creative ways of overcoming these obstacles.
- Time has been identified as being a significant determinant of a parent's ability to support PA experiences with young.
- Parental confidence and knowledge tended to be a key contributor to inherently and proactively supporting areas of development including PA into their children's day.

Information dissemination

- ❖ Expecting parents and parents with young families are presented with a range of information in relation to child health, parenting practices and disease prevention
- ❖ Reoccurring themes were identified in not only field research but in the body of research literature surrounding early intervention, information dissemination and community capacity building. These commonalities formed the foundation for a set of five criteria.
- ❖ A number of stakeholders identified that an effective resource must provide for availability and accessibility. This was especially the case with regards to health care services where accessibility was critical
- ❖ Where the presentation of the resource is made is significant to the uptake of the information presented through the resource.
- ❖ Both research literature and the field research conducted for the South Burnett Early Movement and Stimulation Project was the level of engagement the resource was able to provide to the participants.
- ❖ Many participants identified a desire to incorporate the needs of the existing community organizations and structures. It was identified that a resource needs to be contextually relevant to the participants.
- ❖ Sustainability - It was identified that initiatives would need to have an ongoing commitment to the community if they were to make a positive difference to the families and children residing in the area.

1 Acknowledging Context

1.1. An examination of context

There is a significant shift in health and social support research that acknowledges the necessity of understanding the multiple contextual influences impacting on social health issues (Franks, et al., 2005; Stokols, 2000a). This is based on sound research and contemporary practice advocating that in order for intervention strategies and health promotion to be effective, initiatives need to target "the unique sociocultural and environmental contexts of particular groups and communities" (Stokols, Grzywacz, McMahan, & Phillips, 2003, p. 5). This approach is being touted as one of the most effective guidelines for not only analysing, but also supporting multiple environments with their unique health concerns and practices (Egger, Pearson, Pal, & Swinburn, 2007; Franks, et al., 2005; Kohl & Hobbs, 1998; Műller, et al., 2005). A key outcome therefore of this project was to appreciate the particular and unique contexts of stakeholders within the South Burnett Region[1].

Physicians and health experts for a long time have worked at the child level - assessing their health and wellbeing primarily by focussing on measuring physiological outcomes and developmental norms (Bassett, et al., 2007; Duncan, Al-Nakeeb, Woodfield, & Lyons, 2007; Emons, Groenenboom, Westerterp, & Saris, 1992; Logan, Reilly, Grant, & Paton, 2000; McKenzie, 1991; Moore, et al., 2003; Reilly, et al., 2004; Susser & Susser, 1996)[2]. However experts are now saying that more robust support systems and strategies for understanding early childhood development, secure attachments and in determining long and short-term health outcomes are necessary (Hertzman & Williams, 2009). It is also recognised that determinants may be skewed or impact differently in particular contexts (eg, family home, place of work, daily living) (Trost, et al., 2002). A significant aspect of this system is appreciating the important role that individuals, significant adults (the home and caregivers) and the community exert in

Experts are now saying that more robust support systems and strategies for understanding early childhood development, secure attachments and in determining long and short-term health outcomes are necessary (Hertzman & Williams, 2009) and that determinants may be skewed or impact differently in particular contexts (eg, family home, place of work, daily living) (Trost, et al., 2002).

[1] . Context for this study being defined as a unique set of conditions or circumstances that operate on or are imbedded in the life of an individual, group, a situation, event that gives meaning to its interpretation (Brown, 2008)
2 Note: Significant sections of this literature review are based on or utilising writing from the unpublished thesis of Alice Brown (in preparation).

influencing children's health and social behaviours, values and participation (Brett, et al., 2004; Lindsay, et al., 2006; Spurrier, et al., 2008). An increasingly popular health promotion technique advocated by theorists and practitioners like Jamner and Stokols is to identify 'critical' or 'high' leverage points believed to exert the greatest influence on an individual's health and wellbeing patterns (2000; 2000b). Jamner suggesting "identifying critical leverage points is to specify a particular context within which individuals may be affected by an intervention and then design a program for that context (2000, p. 12).

A number of experts in the area of child health and wellbeing now asserting that the family (Campbell, et al., 2008; Hardy, et al., 2006; Jamner & Stokols, 2000; Salmon, Timperio, Telford, Carver, & Crawford, 2005; Taylor, Baranowski, & Sallis, 1994; Trost, Sallis, et al., 2003), primary caregivers (Campbell, Crawford, & Hesketh, 2006), places of care and educational environments (Evans, Roy, Geiger, Werner, & Burnett, 2008; Nader, et al., 1999; Stewart-Brown, 2006) are significant places environments where behaviours are established whilst also appreciating the complexity of these environments. Community health and medical specialists also highlighting that the family home is one of the primary critical leverage point for intervention strategies and for developing positive health and social support practices with children (Brown, in preparation; Campbell, et al., 2008; Taylor, et al., 1994; Trost, Sallis, et al., 2003).

> Therefore the underpinning premise of this research project was that support systems and strategies for understanding attachment, bonding and active play experiences with young children and their effects in determining long and short-term health outcomes that may be skewed or impact differently in particular contexts (eg, family home, place of work, daily living) (Trost, Owen,

Community and environmental health sectors, sport scientists and even environmental planners are utilising a social-ecological model to help make sense of the multiple levels of influence (eg. environmental, psychological, biological) on a range of other health behaviours (Holt, Spence, Sehn, & Cutumisu, 2008; King, Wilcox, Eyler, Sallis, & Brownson, 2000; Parke & Buriel, 1998; Spence & Lee, 2003) (See Appendix 1 for a multi-dimensional model that illustrates this). This trend reflects progress towards an increasing appreciation for utilising broader health promotion models that take into account the direct or indirect levels of influence by intrapersonal, interpersonal, physical environmental, and sociocultural factors all interacting on behaviour (eg. Social, cultural, political, historical) (Owen, Leslie, Salmon, & Fotheringham, 2000; J Sallis & Owen, 1997; Trost, et al., 2002).

1.1.2 Acknowledging the South Burnett's multiple contexts

The researchers of this study supported the body of literature that confirms that in order for any intervention or capacity building to work with a group of people or community you first have to understand 'where they are at', 'what they know' and 'where they are coming from' (Egger, et al., 2007; Franks, et al., 2005; Kohl & Hobbs, 1998; Műller, et al., 2005; Stokols, 2000a; Stokols, et al., 2003). Therefore the underpinning premise of this research project was that support systems and strategies for understanding early childhood development and in determining long and short-term health outcomes may be skewed or impact differently in particular or the 'micro

context'[3] (eg, family home, place of work, daily living) (Trost, et al., 2002). In acknowledging the importance of exploring and valuing context this research sought to collect a range of information that would enhance our understandings of the context of the people and places unique to the South Burnett region and in particular how this impacts on the health and wellbeing of young children. Context in this case included the history of the community, families and support services, participant's background and community life.

1.1.3 Key locations for intervention strategies with young children

The increase in community and health initiatives, funding, promotion and health reports are all evidence of the generous infusion of organisational, governmental and private sector funds recognising the importance of secure attachments, child health, wellbeing and physical activity (Briggs, Broadhurst, & Hawkins, 2004; Dietz & Gortmaker, 2001; Egger, et al., 2007; Hands, et al., 2001; Hills, et al., 2007; International Association for the Study of Obesity, 2004; Mustard, 2008; Queensland Health, 2008; Woodhead, 2000; World Health Organization, 2000, 2002). Many leaders in the field suggesting that once trends in relation to poor health become ingrained in peoples habits and behaviours, treating and addressing these concerns becomes more challenging (Műller, et al., 2005; Watson & Tully, 2008). Health workers and researchers are now suggesting that, in order for intervention strategies and health promotion to be effective, initiatives need to target "the unique sociocultural and environmental contexts of particular groups and communities" (Stokols, et al., 2003, p. 5). This approach is being touted as one of the most effective guidelines for not only analysing but also supporting multiple environments with their unique health concerns, practices and relationships (Egger, et al., 2007; Franks, et al., 2005; Kohl & Hobbs, 1998; Műller, et al., 2005; Sims, 2009).

> Alongside health professionals, community support services, teachers and early childhood services, "parents are an important component in the development of both health-enhancing and health-compromising behaviours of their children" (Beets, Vogel, Chapman, Pitetti, & Cardinal, 2007, p. 121).

The family home and parents are now being identified as one of the critical leverage points for health education, socialization, strong attachments and intervention by community health and medical specialists (Campbell, et al., 2008; Taylor, et al., 1994; Trost, Sallis, et al., 2003). This is due to the great influence they have on children in terms of instilling values and beliefs (Horn & Hasbrook, 1987) as well as a "specific set of behaviours and health outcomes" (Jamner & Stokols, 2000, p. 5). The current study supports this pervading area of research acknowledging the substantial role contextual characteristics and determinants[4] have in influencing the type, frequency, availability and quality of active play, secure attachments and quality connections that occurs with children in the home and wider community context. Additionally it is

[3] Micro context:unique or particular environment within the microsystem where bi-directional patterns of experiences, relationships, influences and interactions exist between the child and those in their immediate surroundings. For example families, home, care environment, place of work, extended family or education site are all unique micro contexts.

[4] ***Determinants –*** *a range of factors significantly contributing to or impacting on phenomena or complex set of behaviours (Bracco, Colugnati, Pratt, & Taddei, 2006; Gordon-Larsen, McMurray, & Popkin, 2000; Hands, et al., 2001; J Sallis, Prochaska, & Taylor, 2000)*

appreciated that these factors are both a complex and dynamic set of inherent and explicit factors arrived at from multiple sources imbedded in parent's choices, behaviours, beliefs and actions (Jamner & Stokols, 2000).

It is important to acknowledge that the child is seen as being a dynamic and powerful force in this process as they are neither innate nor powerless in impacting on or being influenced by these multiple contexts. Even from birth the child plays a strong role in influencing and being influenced by multiple systems or contexts (Bronfenbrenner, 1979). It is also acknowledged that a high percentage of children spend nearly as much time in early childhood services and alternative care arrangements as they do in the home. This study recognises that whilst the family is a significant leverage point and location of influence that there are range of other environments, care context and support networks that influence families and children in relation to levels of support, behaviours and values.

This study recognises that whilst the family is a significant leverage point and location of influence that there are range of other environments, care context and support networks that influence families and children in relation to levels of support, behaviours and, values.

However it is appreciated that alongside health professionals, community support services, teachers and early childhood services, "parents are an important component in the development of both health-enhancing and health-compromising behaviours of their children" (Beets, et al., 2007, p. 121) and a critical place where initial secure attachments take place. Directly or indirectly, they play and integral role in creating conducive environments, providing resources, encouragement and impacting on behaviours in relation to bonding and active play opportunities (Brett, et al., 2004; Campbell, et al., 2008; Hills, et al., 2007; Lindsay, et al., 2006; Trost, Sallis, et al., 2003). There is therefore growing consensus that families and parents should be considered a vital component but one a number of multiple attachments sites necessary in the consideration of interventions strategies and just as importantly proactively promote childhood active play and quality 'connection' opportunities (Dowda, Dishman, Pfeiffer, & Pate, 2007; Gerhardt, 2004; Gunner, et al., 2005; Hesketh , Crawford, & Salmon, 2006; International Association for the Study of Obesity, 2004; Pill, 2006; Sims, 2009). Welk, Wood & Morss (2003) reinforcing this suggesting that, "parents (and peers) have a major influence on children's physical, emotional and psychological development" (p. 19).

1.1.4 Understanding the context and celebrating the efforts of parents

Approaching this research through the lens of a 'strength-based paradigm' meant that a significant emphasis was placed on acknowledging the unique contexts and environments of parents of young children in the South Burnett region. It was appreciated that families, parents and other significant adults influence children's secure attachments, health behaviours, values and participation in active play (Brett, et al., 2004; Campbell, et al., 2008; Gerhardt, 2004;

Lindsay, et al., 2006; Spurrier, et al., 2008). Hearing the stories and exploring the 'lived experiences of parents'[5] (M. Cohen & Omery, 1994) helped us to appreciate the contextual factors impacting on families and rurally based parents' ability, influences and choices for supporting opportunities to move[6] and connect with their children in the home (Campbell, et al., 2008; Egger, et al., 2007; Franks, et al., 2005; Hands, et al., 2001; Kohl & Hobbs, 1998; Műller, et al., 2005).

Further, it was appreciated that a wider frame of reference (including family support networks, health professionals, teachers, early childhood services) was important to connect with and hear the stories of due to the influence they exerted over intervention and support for children's bonding, connection and active play opportunities with families (Campbell, et al., 2006; Campbell, et al., 2008; Evans, et al., 2008; Hardy, et al., 2006; Jamner & Stokols, 2000; Nader, et al., 1999; Salmon, et al., 2005; Sims, 2009; Stewart-Brown, 2006; Taylor, et al., 1994; Trost, Sallis, et al., 2003). Acknowledging a current approach being advocated by theorists and practitioners like Jamner and Stokols is was necessary to identify the 'critical' or 'high' leverage points believed to exert the greatest influence on an individual's health and wellbeing patterns and secure attachments (2000; Stokols, 2000b). Jamner suggesting "identifying critical leverage points is to specify a particular context within which individuals may be affected by an intervention and then design a program for that context (2000, p. 12). Experts agreeing that these significant groups, people and places are where behaviours are established whilst also appreciating the complexity of these environments (Stokols, et al., 2003).

> It was appreciated that a wider frame of reference (including family support networks, health professionals, teachers, early childhood services) was important to connect with and hear the stories of due to the influence they exerted over intervention and support for children's bonding, connection and active play opportunities with families

1.1.5 Acknowledging the context of key agencies in contact with parents with young children

Health professionals and leaders in the field reinforce that for effective health intervention and support of families and their children to occur there needs to be interagency and multi-sector partnerships (early childhood services, schools, community health agencies and family support networks) (Giles-Corti, 2006; Koplan, et al., 2005; Koplan, Liverman, Vivica, & Wisham, 2007; Reynolds, et al., 2007). Because of their contact and trusting relationships with parents, there was a need to further understand the context of key agencies in the South Burnett their successes, struggles and how they model and disseminate safe, yet stimulating movement experiences and bonding and attachment ideas to parents and families. This study was able to hear the stories and collect information on the context of parents as well as a number of key agencies including community health nurses, community development workers, centre care workers, community support service providers, early childhood service staff/owners, early childhood educators, community health nurses, primary school teachers and family day care workers.

[5] *Lived experience: An individual's perspective of a unique set of life experiences which occurs within a particular context*

[6] *Move: refers to planned or spontaneous physical activity using primarily major large muscle groups. Large or gross muscle movements could include running, crawling, climbing, walking and cycling (Pica, 2004).*

1.2 Findings: The South Burnett - Perspectives and Context

The following findings reveal a snapshot of the contexts of various stakeholders interviewed as a part of the South Burnett Early Stimulation and Movement Project. Their responses in this section were in relation to *'where they are at', 'what they knew' and 'where they were coming from'* (Brown, in preparation; Egger, et al., 2007; Franks, et al., 2005; Kohl & Hobbs, 1998; Műller, et al., 2005; Stokols, 2000a; Stokols, et al., 2003). These understandings of context included topics including: the history of the community, participant's background, levels of support, education and care arrangements and community life.

1.2.1 Parents with young children

Locations and home environments

Parents in the South Burnett live in a diverse range of contexts and environments. Some living off busy roads in rural towns, others in smaller communities on acreage and with many others identifying a range of living arrangements, housing and property locations. Interestingly, quite a few families and children were linked directly or indirectly to acreage or extended family with farms (cousins etc). Even children that lived in larger rural towns such as Kingaroy often had links to or close ties with accessing 'country living.' Parents commenting that *"No….mine aren't city kids….my sister has property and stuff and they are only happy when they are with the cows, horses, ducks and dogs….that's 45 minutes away……..we are always back and forwards……they don't mind being in the city."*

Or, *"all of our cousins have farms as well….so….when they go over to their cousins at Wondai….they're off riding a sheep…you turn your back and their down in the paddock".*

The location in which participants lived varied considerably and in some cases impacted on their accessing a range of services. Some live on busy streets (eg Haly Street), some live on farms or acreage with family/extended family (5 acres).

"It's kind of a dream isn't it?" Feelings of isolation and access to services

A number of parents expressed frustration, concern and disadvantage at being isolated or limited in the range of services particularly accessing doctors and other specialists (eg. Paediatricians). Isolation became even more frustrating when distance, financial costs and the safety of children and parents were at risk because of distance.

"….but because it bulk bills you just find it's like sheep lined up.....yes we go to Nanango".

Parents often expressed having to 'wait' to see a specialist for their children. Some specialists visit the community only monthly making it difficult for parents to gain information and support efficiently and when it is most needed.

"There is a visiting paediatrician who comes up from Brisbane"…. "he came up once a month and he still does it I believe". (Nanango)

"I have a 4 year old that was diagnosed with Type 1 diabetes in January …there's travel ….we have to travel to Bundaberg every three months.........because that's where paediatrician is based"

"In Kingaroy they 'shut down their books' because they've got too many patients...........they won't take anymore...."

" We do have a situation.......and it's been going for several years....where access to paediatricians has been really limited.....it's not a new thing but it is something they keep telling us they're addressing." Or//" The paediatricians don't come out here........some people go to Brisbane............yeah we did go to Brisbane the first visit and it was just chaos and we tried Bundaberg...........there was only Brisbane, Bundaberg or Toowoomba......and we tried Bundaberg and it was much better so that's where we've decided to go.........it's 2 ½ hour's drive away."

"….. you can't ring the hospital and say can you help me.........you have to ring the hotline first........so if you ring the hotline they do this big message and say now go to a hospital..........it's like what......no it's a person talking to me and I am just like why did I just do all this when I would have already been halfway to Kingaroy in my car."

In discussing difficulty accessing occupational speech therapist……and having to go to Toowoomba from Nanango…… *"Then it's like Toowoomba and"* ….. *"No can't do that"….financially it's the petrol now going to Toowoomba and stuff so although you talk about it they kind of go…go on ya…. it's kind of a dream isn't it?"*

Extra- curricular

Parents also expressed disappointment over the accessibility extra-curricular activities as well as accessing other forms of information and resources including internet, access to information and limited resources (eg. Library). For example if parents lived in a small community or town they commented that *"some things are handy and just around the corner….but other things involve driving long distances….eg medical…see medical section….or extra-curricular*". Others commenting that:. *"I know that I probably wouldn't take my two little ones to Kingaroy to the Gymboree......there's nothing.........I don't think there's really anything at the pulse here for them."*

Cherbourg"…… like they need more stuff going for them here.........you know for mothers and children...........a lot of the children are so bored here they're doing sniffing, breaking in and smoking and that...........they need more activities for the kids here."

Although some parents expressed frustration over lack of services and barriers of distance in this community a number of other parents expressed a range of services and opportunities available such as speech therapy.

"we go to speech therapy Tuesdays which is up at the hospital and they do things like that but then with going to Music as well it will help her with her hearing and that sort of thing........."

"the hospital is only across the road from us............yeah we have an emergency room........see that's the good thing about Cherbourg we have our hospital and police, everything all in one ......and the hospitals just there...........you have day time hospital and then at night-time it goes to emergency only."

Values on parenting

In this study the phenomena investigated being the influences on parents' attitudes, dispositions and practices for supporting opportunities for their children to engage in active play and secure relationships, it was appreciated that a range of determinants exist within both environments and contexts. As outlined in the section on 'context' parents are influenced in the decision making, support of children and values on parenting due to a range of determinants (See

appendix 1). In relation to active play Welk and Beets identified a range of direct and indirect associations and patterns of influence that parents can exert on (Beets, et al., 2007; 2003). In discussion with parents a number of them remarked on how a significant number of traditional parental values are still evident in their community. In particular this was in relation to the place of women and men and gender typical roles in parenting and children rearing.

"*You know what? That was a point that I was going to bring up I think we really need to do a big push on looking at the changing role that dads need to have in this sort of modern child rearing era I mean here in Nanango I mean it's a wonderful community and I loved living here but it's still very antiquated in a lot of its views it's still very traditional."*

"... Oh I think things have changed significantly in the broader context .....outside of here....and we haven't caught up with it yet. There's not enough information out there to say to dads it's okay to have an attachment to your children it's okay to want to be the one to go to the sporting events it's okay to be the ones that drops the children off to dancing or takes the daughter and does the hair it's okay to do this and that its okay there's not enough of that "

Examples of collaboration and community support

There were a number of wonderful examples of communities collaborating to fund raise or support an initiative. For example the parents and community members at Nanango worked together in developing the construction of a Sun shade and toilet facilities at the Butter Factory Park.

Child support and care arrangements

There were a number and varied support and child care arrangements that exist in the South Burnett region. Additionally mixed arrangements tended to be a popular option. Child care helps support a large number of parents going to work and is an integral part of the support structure in this region. Extended family was also utilised by a significant number of families.
" There's family day care here......there is also two day care centres as well in Murgon and there's another one in Woondai as well."

"Most days Jacob is at prep....and girl in daycare....5 days a week.....I drop her off before I come to work....7:50am".....Or "I work 5 days a fortnight....so they go to day care for two days a week and the other days they are with my parents- in-law who are on the same farm as us."

A number of parents did express frustration over limited options or early childhood services that were very busy or were full. *"There's really no community child care here or anything it's basically a privately owned one and so they're packed their building and family day care is full (Nanango)."*

There are still quite a few parents (primarily mothers) who choose to stay at home while their children are young. Some commenting *that "they spend so much time with me....they know what I am going to do.....they know I am not in the house...If they wake up and I'm not in the house....they know mummy's not going to leave them.....they go and find me".* Some of the parents that chose to stay at home are very well educated with degrees but due to perhaps limited quality child care or lack of job availability in the area they have decided to be a 'stay at home mum' (eg. No day care in Proston – closest is Wondai and Murgon).

Other mothers who chose to stay home made that decision based on feelings that the surrounding community had issues of concern and safety.

"Nanango's got so many delinquent sort of kids.....you know really no hoping people..........because that's all our kids are exposed to really......what's happening in town..........unemployment is so high you know and there's that many unmarried mums.....just society in general..........they just need their mum at home".

Playgroups are well supported in the region and tend to be a wonderful hub for networking, support, education, collaboration and socialisation.

"They don't like people who talk 'flash' ": Distinguishes between city and county people

In a number of communities there are particular view and understandings about who is accepted and how people need to fit in. One mother discussed how she felt when she arrived in a local indigenous community.

"Different people here.......you get called names.........you're different so they pick on you.......I'm totally different to these people here........they don't like people who talk flash and all that kind of stuff".

The mother identified how this country community viewed those from a city as being 'flash' perhaps meaning they feel those from the city are superior to them and this causes some tension towards newcomers to the community.

1.2.2 Community Health Nurses and Support Services summary

There is an extensive range of support services available in the South Burnett Region including: family support, early intervention programs, men support programs; domestic violence perpetrator programs, parenting programs, community welfare services and protective care agencies.

" Oh yeah they are great for support........"

During the time of our interviews there was a consistent and overwhelming support and admiration for the work of Community Health Nurses. They were identified by parents as being a key link and avenue of support between the home and the community. They provided a service that offered to connect with every single mother after their birth. This was embraced by a significant number of mothers and families. Interviews and sharing of information on Community Health Nurses reinforced the power and potential of the first few weeks after child's birth as being a critical time to connect and support parents.

"......when the kids were little yeah we used the community health nurses"

" the midwife she comes to our house.....she comes to us yeah and weighs the baby and yeah.....she was really good I loved the midwife..........she was really nice she helped me out a lot............mid wives the one that help you in the hospital...........we had to go to the health clinic."

Community Health Nurses: What does your job entail?

It was important to understand and clarify how Community Health Nurses viewed their role and their relationships with parents and families. It was also important to explore whether there were any barriers to them connecting and supporting families.

"We go to the antenatal classes….there's an interesting dynamic around the role of the midwife and the CHN….and how those people interact with families…there is a lot of work happening with QLD Health at the moment..about models of care….a lot of it comes down to the resource allocation…. …Ipswich has a model where they have their midwife and CHN in the same building….they actually

see the CHN near where the midwife is….there is a lovely connection or integration of services……..but in other areas…where you haven't got that…..you make do with what you can do….and there is a little bit of a tussle around the client"

" I am a community nurse….a generalist nurse….particularly with the young ones…but we also go …do old people….home visits and things like that…..I do child health….and personally I do immunisation…so I tie that in as well.. and things like Triple P Parenting….sometimes we run classes…but most times it is one on one…where there is just me"

In discussing how they received notification of parents 'at risk' it was outlined that:

"…one midwife will always refer every mother say ...who are at risk…and they refer them to the CHN….just see how she's going …keep and eye on her….one particular midwife will let us know…."

They are sometimes screened at antenatal…..If we get a referral from the hospital…usually it's someone at risk…..we'll go and see them…but we have to have the referral….Monday to Friday…..they still go and see every mother in the ward and visit them…and give them information…….tell them about the clinic"

Community Health Nurses: Barriers impacting on levels of support

There are a number of barriers that the Community Health Nurses identified as limiting the effectiveness or stopping them from proactively supporting parents and young children. The primary barrier that was identified was a new mandate stopping information on new births in hospitals and community being transferred to Community Health Nurses due to reasons surrounding privacy and confidentiality of information. As can be seen by the excerpts from interviews, this decision is creating both frustration and a high degree of disappointment for CHN.

"…basically the hospital…doesn't want to ask the clients..do you mind…us giving your information to the CHN."

Those who have been around for a while…it's so frustrating…....we have never had a mother say…we don't want to be contacted….you ring them up and say…congratulations……let me know that you had your baby……is everything alright…these are my details….most of the time they say…...thanks for the call…..can I make an appointment now

"It will be less now. Sometime ago…we did a ratio….and I think we worked out that about 25% of mothers elected to come to our service…..but 100% of those would have known about us….would have been contacted. The nurses still see every mother that is in hospital…between….Monday to Friday…..they still go and see every mother in the ward and visit them…and give them information…….tell them about the clinic…..well ….if they go home….CHN nurses…..go over Monday to Friday…Monday morning…till Friday…of course we have births on Friday….Saturday and Sunday…so those people we don't know about. Every child use to get a letter….a couple of weeks down the track….and remind them our service is available…....it's those mothers we don't know about."

"Our service is available….that's not happening anymore….that's stopped because…basically the hospital…doesn't want to ask the clients..do you mind…us giving your information to the CHN?".

"We use to get referrals for every baby that was born in Kingaroy hospital and then someone decided it was ….breaching confidentiality….. because every week…they would fax us a form…with all the

mothers ….what sort of baby…address…phone number so I would send them a letter or contact them and say…this is who we are…this is where we are……just start a contact…..we run the child health centre…etc…..do you want to bring your baby in for weighs and things like that….and because the whole region…..all the mums and babies were on the one sheet….and it went out the to every child nurse in the clinics……..someone up there in their wisdom…decided it was breach in confidentiality"…

No they….just scrapped the whole thing…..our child health clinic….dropped….at least 50% more….because particularly the young ones that don't know the area…don't have family and that…...they have no way of knowing about us…..we copped on putting up the appointment things for community nurses on the boards that you have out the front of a chemists etc……and we got a few more that way…but basically word of mouth…..or if we see someone say….hi yes……..would like to have your baby weighs……would you like to come? Clinic on such and such a day…..

Yep…and the .and we are really tearing our hair out…the baby are often 3-4 months old even before you see them………

Only recently…and for .years….and years….we have had these forms faxed through…we kept a record….and we sort of picked out the ones (mums) in our area….we all knew our area……

Accreditation was in progress during our time with this project and this was proving not only time consuming and stressful to CHN but often took their focus off their key point of business, the families of the South Burnett Community.

And of course we are doing accreditation….so everything's been on the back burner…..

On the lookout for potential clients

Due to not receiving records of new births anymore and only touching base with those mothers that are in hospitals during their visits Monday through to Friday, Community Health Nurses identified new and innovative ways to try to gleam information within the community in relation to new mothers and babies. CHN's shared some very interesting ideas on how this information was acquired and promoted including putting notices up, meeting young mothers in shopping centres and referrals from friends and playgroups.

"We shouldn't have to do that.....there has never ever been a problem…with this ….they said because it's a fax and they are afraid of the fax…it might go somewhere else…..so we put up suggestions…..just send us a fax of the name of the mums in the our area in all this….and like…..I would go out to Gerong once a month…out….woop woop…..there are a lot of little blockies….out there…there's a playgroup out there you turn up and ….there is a new baby you knew nothing about…just moved to the area….oh now….my baby is three months old etc……..we are relying on our own now."

"So at the moment we are like little detectives…we're constantly saying....has so and so had their baby yet????"

Concerns were also expressed over decisions and closure of small hospitals

The little hospitals…we had a lot of little rooms and we ..try to put them in a separate room…they got 1:1 attention…but because they are closing these little hospitals…..they are going into the bigger hospital…terrible about Aramac hospital closing down……they just have not put in any other way that we can find out about the babies…and mothers….and we did say…ask them if they are in there if they want to know about child health….…

1.2.3 Support services

There were a broad range of family support services identified by parents and other stakeholders within the South Burnett Community. These range from intervention services that visit parents and provide support for parents within the home, to more proactive services that offer positive parenting programs such as Triple P. Graham House was a key support service particularly in the Murgon, Wondai, Cherbourgh areas.

"…people come with issues …they'll come to access the service….we might do that in their home...might be right here at Graham house…it might be in a group situation….numerous ways that it can be provided….Murgon…Cherbourg….Wondai surrounding areas…"…. "And then the other one is the intensive family support …a program through department of child safety….a pilot ….."

"we are also looking at running a P5 Parenting support program…..with the other three services…."
…".they find Graham House…very very easily….."
"there's the men support program…that's a component of a mans...domestic violence perpetrator program…as well as family support…..so that's working mainly with males….we have a male worker there….but goes to the extended family….we're probably in a really good position here….where…that worker can work with the males …"

"We all just work together really!" Work is intertwined with other support services….across services

A range of services highlighted the interconnectivity and often the collaborative work that takes place between services.

"...and then they can refer the departments and that to the family support program….so it works intertwined and we share clients across three services
***"….** So it might be around….education…..working with people with different orders….so then they refer their clients…so it might come back to family support parenting support…..so the parenting program might happening….or if the DV involved they might refer them to the men's support program"*
***"…** Child safety says we've got these kids…these families…whose kids we want to take away….you come in and see if you can get the families functioning better so we don't have to.."*
"…..fun days here…that's just once….through the school day once during the school holidays where we invite all the services come together….and we have games outside…..sausage sizzle…."
Cherbourgh: "There's a hospital a community health centre and there's a medical centre we have here …They're all close. And they all work in closely together"

Struggles with generational/cultural habits and behaviours and 'bringing up kids'

Whilst some parents expressed their desire to parent quite differently to their own parents, it was often common practice identified by parents and support services to see behaviors, values and practices repeated between one generation and the next. This was particularly common if extended families lived in close proximity to or were one of the primary carers of the children.

" You see lots of generational stuff…the same thing is….the grandparents….you're starting to get that picture…this is a generational thing here.

" We also get confusing information from grandparents…generational…. or friends that ….We were having that conversation this morning about…..breastfeeding…..mothers and mothers in law give you….. 'the milks no good'…..it's sour…It's different generation and different lot of …influences on that generation."

Particularly interesting was the discussions shared with a group of indigenous mothers who expressed their support of learning off their extended family. Of interest was how new ideas found themselves within this culture of sharing information on parenting. Particularly information on topics such as optimum care, brain research, the importance of quality experiences etc. Quite often this was shared by a community nurse to one mother and then this

was then passed on or relayed to other mothers and families through a chain of communication. The Cherbourg CCC and Director were instrumental in the process of capacity building and information sharing to support parents. It was truly a credit to the staff for their exemplary work in this area and a model worth documenting or investigating in further.

" That's implying that what….indigenous older women is sharing …with younger women…is actually accurate...they don't question that….is the indigenous older women saying….the younger women is saying….that's all I'm going to do….if they haven't got…..a perspective about breastfeeding….."

"I was playing the devil's advocate this morning….I said….OK…that's great that you are sharing and learning off your sister and aunty and …..but I said….where do you get new information...where do you get something that's current or wonderful that is happening……..maybe..out of a book…where do you get something new….into that community of sharing?

"Basically her answer from the mothers group…..or through a friend…that would share it…...it would have to come from….Chinese whispers…."

Difficulty of distance, isolation and finance

"….the geographic area just doesn't allow that to happen"

" It's the access and it's the financial…."

" Yeah the access….how do you get there….?"

Support groups and playgroups are often impacted by type of clientele/socio-cultural

"...people who really need it don't access it"

Yeah….so if you've got a middle class mum ….and something wrong…she's going to say….who in my community will I ring…? She'll ask the neighbour and they'll say well go and talk to the nurse….so the connection is made ………"

The importance of rapport building – developing trust with families

"to start off with it is rapport building if you haven't got the rapport then they're never going to recognise it….and that can be hard work….that can be 6 months of rapport building sometimes

… These guys know what the issue is ….but parents still aren't' identifying that…So to start off with…trying to build that rapport is very hard….. "

Acknowledging the uniqueness of context and each family as different

"And what fits for us ….or what you might think….might not be what that family is ever going to do ….and whose to say what's going to fit for that family…...so we've been really good at doing that…..we take every family as a very individual case. What's coping for one family and what's going along fine…...can be very different for the next…."

1.2.4 Education/Early Childhood Services and Care

Examples of Partnerships

This place would just crumble if it didn't have strong partnerships." -

Trust building and networking in the community

"………….and the director at the ………(XEX)_ child care centre has just said we've just got such an overflow of people that we need to be working together so that we can get some quality"

"yeah so there's a lot of that sort of community partnership there as opposed to in some of the bigger major centres you might get that sort of cross friction between services but were very community orientated here and we really need to start building up the infrastructure for the community to move forward further."

" No no department of child safety we deal directly with the Kingaroy office through intake I deal regularly with the local police officer JG he's a big supporter of the school he assists us with a lot of stuff …"

Support and communication with parents and families

"We were thinking of having…the communication book…and if parents want that we still do that…..but it is more so about having the communication….so you're actually having that chat with them when they are dropping the child off…or when they get picked up…"

" Just the way they talk to her…they seem to open up…and it does really stand out….(VXW) just started with putting things in their lunch boxes as well…..

"… so we're working on primary care secondary care within each of our groups now so each of the staff the whole 3 staff have a percentage of those children as their primary care children and it's their responsibility then to communicate with the parent of that child.

"….. most of that's verbally? You know like teaching the parents verbally?....To talk to parents rather than anything written it's very hard so you're better off talking to parents "

" Because see we offer all these nutritious meals see they get 2 lots of fruit each day as well and what we noticed as well is when we first started the nutrition program here we used to offer cereal 5 days a week to the children we had to cut that back to 2 days a week because the children were saying oh im sick of cereal I had cereal at home this morning so when I first started here they weren't getting that so well they've been educated they've taken that education to mum. Mums come in the morning and seen them sitting down in the morning eating cereal so suddenly mums buying cereal for the children."

" We have a family BBQ here once a term where we have the parents and the elders …Yes. You know it's good community relations and the parents really get in and they help prepare the food too which is great here what can I do can I do this can I do that and that's the confidence that the parents have built up in our centre to believe because I want them to believe that it's their centre being that we're a community centre and we find that the children love their stews and love their spaghettis, because these are the meals that they make at home and that because very often in an extended family there'll be everyone there for dinner at night. Like I remember when I was a child with mum's side of the family we'd go out to Nan and Pops and there'd be all of mums sisters and brothers there all us kids"

Concerns and issues

" There's a call for that there's a lot of babies coming through ………Well we cant keep up to the demand. We have 3 or 4 sets of twins

Family Day care on the increase….

" no I think it's really growing and I think it's part of the fact that family day care is one of the only types of childcare at the moment that is able to assist families in their current need for childcare. It's the only sort of childcare model that can offer that level of flexibility that families need especially with the federal government initiative of getting mothers back into the work force when I think it's the

youngest child turns 6 so for a lot of people it's just taking those part time hours in the afternoon or even having to do some nightfill at the supermarket and so forth you know working those times that the daycare centre isn't operating

Education

"Our particular school in this area we've probably got 85 to 90% of our kids are bus kids or live external to the town I think from memory we only have about 7 or 8 townies or kids that actually live in town"……we have a number of families that are in consultation with lifeline and the RAG program and child mental youth and meet probably more than we want with guidance officers and stuff of that sort"…….."We've got 12% of students are appraised at the school with learning difficulties another 11% are ASD students we've got 45 of students are Aboriginal Torres Strait Islander"

" We seem to get the urban sprawl has had a fair impact on us in the last 3 to 4 years and were finding a lot of families relocating from suburban Brisbane so Woodridge we've had some people come from the sunshine coast, Beowa"

"…s. You'll find a lot of the kids here will wear 2 shirts, they'll wear a shirt underneath their school shirt and that's so the school shirt doesn't get sweaty and smelly the shirt underneath gets sweaty and smelly so they can take the school shirt off and wear it the next day and just put another shirt underneath

"unfortunately most of the teachers we get coming through ………. will come for 3 years do their country service and leave so we get a lot of beginning teachers so the turnover of staff is quite high. Without stereotyping majority of the people that we get in are from metropolitan areas middle class and value a whole different structure of things to what is valued here by the kids n the schools there's a period of adjustment that they've got to go through to understand what's important"

"……. some of our kids I know one of our kids travels 70 kms to get to school every day"…" He's got a 12km bike ride to get to the bus and then he gets on the bus and then he comes all the way through to the school. So a lot of our student drop off the food chain after year 10 because the kids that are west of here can't get to where the bus stops to take them through to Murgon because they have to do 11 and 12"

"There's a higher need than learning a second language like taking a shower"… "and for us when they say it's all about learning it's not academic necessarily for us its social learning it's about being a citizen it's about how to interact with other people it's about how do I fit in society…" .." Yeah there's no structure that family unit doesn't really exist and they come into an environment such as schools where we've got rules and we've got regulations and we've got structure ….. It's really quite hard for them they don't need to have ASD and they don't need to have Aspergis or anything like … their world just turns upside down and again that's another part of the process for us to work with our staff as well to get them to understand where they're coming from ……"

" So it's getting them to value education and getting the parents to value education and getting them to support what we do academically and as far as discipline and stuff like that goes.."

2. Secure attachments and 'connecting with kids'

2.1.1 Secure attachments for optimum health and development

Parents are currently facing an ever increasing range of social and economic pressures. A repercussion of this is the changing attitudes, economics and social norms transforming and imposing a range of pressures on the level and type of care arrangements of young children (Farkas, et al., 2000). Additionally, increases in social issues such as child abuse and neglect, substance abuse, youth homelessness and youth delinquency have focused increased attention on the family and in particular on the area of parenting and child rearing. Extensive research has been conducted in this area primarily focusing on the outcomes associated with the parent/child attachment styles (secure, anxious, avoidant etc) with studies confirming that a secure attachment is critical in securing a healthy foundation for life life (Heckman, 2006; Heckman, et al., 2007; M. McCain, et al., 2007; Northern Territory Education Advisory Council, n.d; Perry, 2001; Press, 2006; Save The Children, 2009; Wise, et al., 2005).

Attachment is described as the relationship between an infant and caregiver which develops over the first few months of life in response to sensitive care systems and strategies for understanding early childhood Many physical, cognitive and social capacities are built on neurological foundations laid down through early parent/child movement routines and 'connections opportunities' during the first years of life.

Both healthy relationships and bonding[7] with significant adults as well as early childhood movement and play experiences are an essential part of establishing the architecture and trajectory for future learning and development (in particular neurobiological development) and health (Australian Institute Of Health and Welfare, 2005; Heckman, 2006; Katz, 2003; Press, 2006; Shonkoff & Phillips, 2001; Shore, 1997). Attachment is described as the relationship between an infant and caregiver which develops over the first few months of life in response to sensitive care (Child & Youth Health, 2006). Bowlby (1969) applied this idea to the infant caregiver bond and retained that the quality of attachment to the caregiver has profound implications for the child's feelings of security and capacity to form trusting relationships. Many physical, cognitive and social capacities are built on neurological foundations laid down through early parent/child movement routines and 'connections opportunities' during the first years of life (M. McCain, et al., 2007; M. N. McCain & Mustard, 1999). Additionally, through the moderating effects of attachment processes and the

[7] *Bonding is understood as an emotional tie between a parent or significant adult and a child (Kennell & Klaus, 1998).*

bio-chemical mechanisms that regulate emotional states, lifelong abilities to self-regulate emotional states and stress hormones such as cortisol are embedded in brain architecture through parent child interaction and active play experiences and environments (Sims, 2009).

Further findings from various areas on developmental psychology suggest that the kind of experiences children have directly influence the way their mental processes develop (Siegel, 2002). A recent report reinforcing Shonkoffs and Phillips position suggesting that when infant and toddlers are provided with stimulating and safe environments and secure emotional attachments they not only optimise the growth of brain cells but increase their future learning and development potential (Save The Children, 2009; 2000).

2.1.2 Parents: What they know and how they use information to support their 'connections'

A fundamental premise in understanding parents and their beliefs about child rearing and how it impacts on the development of the child relies on an understanding of the parent's context. Extensive research has been conducted in the field of parenting focusing on the parent-child attachment relationship and how the multiple levels of the individual's environment enable or inhibit the quality of the attachment relationship (Donavon & Leavitt, 1989; Emery, Paquette & Bigras, 2008; Green, Furrer & McAllister, 2007; Travis & Combs-Orme, 2007). While much has been researched about the parent-child attachment relationship and what contextual factors inhibit or enable the quality of the relationship (parent's age, support and resources, adult attachment style, background and education) information and findings relating to the parents understandings and experiences of bonding and attachment is in quite short supply (Emery, et al., 2008; Green, et al., 2007; Travis & Combs-Orme, 2007).

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This information is crucial to discovering exactly what parents know about attachment/bonding (understandings) and more specifically how they use this knowledge to assist them in their attachment relationships. Coinciding with this, it is further necessary for comprehensive information on the circumstances and conditions surrounding each individual parent (the micro context) which when examined can be useful in establishing why the parent holds their particular understandings and experiences of attachment/bonding. It is anticipated that the findings relating to this dynamic (parental understandings/ experiences and parental context)

will lead to better informed, contextually specific resources and support for parents, parent educators, community health practitioners and other relevant stakeholders.

Research from a contextual perspective aims to study human behaviour towards those that encompass not only the immediate social environment but also the broader cultural, historical and geographic milieu of an individual's day-to-day activities (Stokols, 1987). The importance of context when researching human behaviour cannot be ignored or glimpsed at naively. A model devised by Urie Bronfenbrenner known as the Ecological Systems Theory offers a thorough account of the contextual influences that can impact on human behaviour and development (Berk, 2005). Ecological systems theory views the individual as developing within a complex system of relationships affected by multiple levels of the surrounding environment with each layer of the environment viewed as having a powerful impact on development (Berk, 2005). Child-rearing and parenting is therefore dependant on the parents context.

McGurk and Kolar (1997) confirm that parenting does not occur in a social vacuum; rather parenting is constructed by the cultural beliefs about children and childhood which inform parents' approaches to their tasks: the historical and economic contexts within which the tasks of parenting and child rearing are framed; and the social and political attitudes and values that influence the status bestowed upon parents and their children in contemporary society. The power of culture and context and its impact on parenting and child rearing practices cannot be underestimated and is a critical component when attempting to deconstruct the thought processes.

2.2 Findings: Parental views, understandings and experiences with quality attachment and bonding - 'connecting with kids'

Parents making connections and enjoying time with their children

A key finding that emerged from this research was that many parents did not understand, know of or use the words 'bonding and attachment'. In exploring the phenomena of bonding and attachment, the word 'connecting' with their children or 'enjoying time' with their children were identified as words that meant more or resonated with their contexts.

Spending time with their children emerged as the main understanding/experience parents had of bonding and attachment. Parents identified three core ways they used to spend time with their children: physical contact (breast-feeding, tickling, massaging, holding and cuddling), child-centered activities (watching movies, going for drives, playing footy) and routines (cooking, gardening, helping to hang out clothes).

Parents regarded these experiences as important and of a reciprocal nature, *e.g. "he's pretty good at cuddles too......he'll often come up and just say cuddle and........before bedtime he usually just sits with me on the couch and we just have a little snuggle before bed.."*

Physical contact has long been established as critical to the parent/child attachment relationship. Siegel (Siegel, 2002) emphasises the importance of proximity seeking – in order to develop a secure attachment children need to be physically close to their attachment figures.

Another way for parents to spend time with their children as part of their attachment/bonding relationship emerged as child-centered activities. The parents discussed instigating activities aimed at the child's interests as a bonding experience. The focus of these experiences was primarily on the mutual enjoyment between the parent and child.

"He also loves to watch movies and so do I....and we'll put mattresses in the lounge room and watch movies..."

Fathers were primarily identified in this category as the parent who engaged in child-centered play and activities resulting in the father being classified as the 'fun' parent.

"He gets more fun with them......my partner has taught my little son how to do corroboree.......he taught him that and he wants him to play football so they play around on the bed they jump up and down......"

Siegel (2002) confers how a considerable part of the attachment relationship involves the sharing and amplification of positive emotions such as joy and excitement as these emotions allows a child to learn that emotions are tolerable internally and can lead to a rewarding sense of closeness interpersonally.

Interestingly, establishing a household routine was identified as a way for the parent to spend time with the child and therefore engage in a bonding experience. Tasks that could be viewed as mundane and necessary parts of everyday life were regarded as opportunities for bonding.
"But then outside....like..........we'll go plant.....I'll make them all their own veggie gardens and we'll plan the seeds and water then.........Jade loves to vacuum clean and put my washing up on the line.............it might not be hung properly but I don't care........they just like being with me."

Bonding as a natural process

A number of parents when questioned about their understandings and experiences of bonding and attachment referred to the relationship as one that happened naturally and without any real conscious effort.
"I don't try to bond with my kids.......cause I just do..." and "....well they part of ya.........yeah it was natural....."

For some parents bonding doesn't need to be reinforced as it is inherent in their thoughts, actions and context. According to McGurk and Kolar (1997) parents construct their ideas or theories about parenting through processes of combining implicit and explicit memories of their families of origin with current advice on and experience of rearing their own children. An ecological orientation considering the contextual layers within which the parent and the child are embedded is needed to ascertain why some parents bond 'naturally' with their children compared to those who may struggle with the relationship. This insight will lead to better informed, contextually specific resources and support for parents, parent educators, community health practitioners and other relevant stakeholders. A large number of parents instantly referred to breastfeeding and 'bottle feeding' as a bonding experience because of the opportunities it provided for mothers to have quality 'one- on-one' time with their child (Else-Quest, Hyde, & Clark, 2003; Wrigley & Hutchinson, 1990). Parents also discussed how they viewed breastfeeding as a natural process and one where they felt closest to their child.

"I think I have to say that I felt close to my little one when I was feeding him.....and I just really used to love that."

Sharing affection and attention

The data also discovered that parents viewed responding to their child's emotional needs as a bonding experience. Affection and attention were cited as important bonding experiences with the majority of parents discussing the reciprocal nature of this relationship.

"It's great......you can be having the absolute crappiest day and all of a sudden she'll just come up.......like the other day.........I stubbed my toe and it really hurt but all it took was for her to come up and say mummy are you okay....it's just the little things......and she pats you on the back because that's what I do to her."

Parents also discussed how the reciprocal nature of this relationship contributed to their feelings of confidence and competence as a parent. Children who receive sensitive, caregiving are believed to construct an internal representation of the caregiver as warm and responsive and of themselves as worthy of love and support, a secure attachment (Bradley, Whiteside-Mansell, & Brisby, 1997). Bradley, Whiteside-Mansell and Brisby (1997) further assert that when a child receives comfort and distress is relieved, the child can then become active again in exploring the environment.

Something that just comes 'naturally'

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"I don't try to bond with my kids.......cause I just do..." and "....well they part of ya.........yeah it was natural....."

For some parents bonding doesn't need to be reinforced as it is inherent in their thoughts, actions and context. These understandings were usually constructed from a combination of implicit and explicit memories of their families of origin with current advice on and experience of rearing their own children.

Typical parents in their typical worlds are going about the task of bringing up children primarily relying on three resources: the remembered family in which parents grew up; informal sources of cultural knowledge such as priends, neighbours and relatives; and formal sources such as books on 'parenting advice' the media and culturally appointed experts in child care and child rearing project was that support (McGurk & Kolar, 1997).

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2.3 Findings: Constraints and enablers of implementing or secure attachments and 'Connecting with kids'

2.3.1 Enablers

Information and support

The extended family emerged as a primary enabler of the parent-child attachment relationship particularly for those Indigenous parents who compliantly took on the views of their respected elders. Literature and books on parenting also rated high as a form of support thus enabling the parent-child attachment relationship.

"....well that particular book, it talks about right from the word go...........before you even conceive............it goes week by week of your pregnancy............tells you how your body changes, how the baby changes............things that you might be experiencing.....like feeling.........it just covered everything...."

The support from community health stakeholders further ensuring that parents are equipped with the necessary skills and information to assist them in their parent-child bonding experience. The support from community health stakeholders further ensuring that parents were equipped with the necessary skills and information to assist them in their parent-child bonding experiences. One of the community health nurses sharing advice that she gave to a parent recently……

".....put your baby up at face level....look in their face....talk to them.....read to them......if it's too young for them to understand......it doesn't matter.....they are listening to your voice......watching your mouth......and tie that in with development......if parents realise they can do something to enhance their child's development......then they are right into that....."

Some mothers were aware of the support available and information that she could access however chose and preferred to use family as a source.

"Well I always had the numbers and that handy..........but I never felt that I needed that help but I knew where to get it if I needed it. I had a few questions I would have asked my mum and things like that but there wasn't anything really serious......and both my kids were really healthy.........they never had any trouble feeding or didn't have colic or anything like that.....so I was pretty lucky in that way.....but I knew that you could go to community health...I knew that there was help lines you could ring but yeah I didn't need them myself."

As demonstrated here society offers a potential highly informative context within which we can examine the direct and indirect influences on parenting and child rearing practices. Numerous studies have been conducted investigating how ordinary parents in their ordinary worlds are going about the task of bringing up children in this 21st Century with results indicating three resources parents use for thinking about their children and about themselves as parents: the remembered family in which parents grew up; informal sources of cultural knowledge such as friends, neighbours and relatives, and formal sources such as books of advice to parents, the media, and culturally appointed experts in child care and child rearing (McGurk & Kolar, 1997).

2.3.2 Constraints

Information and support networks

Interestingly, although information and support networks emerged as major enabler for many parents it was for other parents a major constraint to the parent/child attachment relationship. The key constraint faced by community stakeholders in supporting parents in their parent/child

attachment relationships was accessibility to the parents in order to offer their support and services.

"It's like trying to rein in a bolting horse they just get faster and faster and they just get further detached from what the intentions are...."

Subsequent to this the lack of relative education and necessary skills offered to parents prior to the birth of their children was also discussed as a key constraint, e.g. *"But you know when you're having your first baby and they do the...you know you should go to the prenatal classes....and let's say you rock up and the whole focus for the whole how many weeks you turn up is getting the damn thing out....."*

The key information regarding attachment and bonding and how it relates to brain development and the simple yet effective tools parents can use to support them in this relationship was identified by community health stakeholders as scarce from any or all pre- and post-natal support services.

Parental Health/Stress

Parents identified their physical and emotional health as constraints to the parent/child attachment relationship. The day to day physical strain of caring for a newborn identified by parents as creating difficulties to the bonding relationship. "Y*ou get tired,.the lack of sleep did build up...just having the baby that close to you all day..it's really, really draining...it really takes it out of you" P*arents cited their mental state as reliant upon the parent/child attachment relationship with depression being identified as a significant barrier. *".cause I mean I was getting only 3 hours sleep a night so of course something's gotta give and it was my mental state that gave"*

Various studies have found that the health and stress levels of parents can directly or indirectly influence the quality of the attachment relationship (Emery, et al., 2008; Green, et al., 2007; Travis & Combs-Orme, 2007). Research has also demonstrated that insecure attachment classifications may be linked with anxiety, depression and other mental health disorders (Ranson & Urichuk, 2008).

These findings confirming Abraham Maslow's established and influential Hierarchy of Needs Pyramid which suggests that people are motivated to fulfill basic needs before moving on to other needs (Berk, 2005). Maslow identified needs at the bottom of the pyramid as basic physical requirements including the need for food, water, sleep and warmth (Van Wagner, 2009). In order to move on to the next level of needs, the previous level of needs must be met (Berk, 2005). As people progress up the pyramid, needs become increasingly psychological and social with the need for love, friendship and intimacy becoming more important. Parents' identified that their physical and emotional state are major factors in their investment in the parent/child attachment relationship.

Culture

Cultural beliefs about parenting presented some very interesting perspectives as far as fathers and the attachment relationship is concerned. The traditional solitary focus on the mother and baby being mentioned as a constraint father's face when pursuing their parent/child attachment relationships (See context section for further details). Given this it is safe to declare that the support used to assist parents in their attachment relationships is reliant upon the context they are operating within.

That's was how the culture was. He stood outside and waiting to hear the new .and they never nursed the babies until they were old enough to respond." This cultural view impacting on the physical

contact the fathers engaged in with their newborns. *".I find the men are a bit uneasy.......like when they are babies they don't want to hold them cause they don't want to hurt them..."*

The power of culture and its impact on parenting and child rearing practices has long been acknowledged in the literature. McGurk and Kolar (1997) discuss how parental ideas about child rearing and child development are impacted by the parent's cultural belief system or ethno-theories. Therefore the beliefs, ideas or theories which parents hold about children and the nature of childhood are cultural entities. This confirms that parenting does not occur in a social vacuum; rather parenting is constructed by the cultural beliefs about children and childhood which inform parents' approaches to their tasks; the historical and economic contexts within which the tasks of parenting and child rearing are framed; and the social and political attitudes and values that influence the status bestowed upon parents and their children in contemporary society (Bronfenbrenner, 1979, 2004).

Appreciating strengths and building on existing relationships

Understanding the context surrounding parents and the effect context has on the parent/child attachment relationship has important implications for educational interventions. Results from this study suggest that while parents generally have a sound understanding of attachment and bonding, the context they are operating within could better support these parents particularly in the areas of information and support. Although parents may be utilising the various forms of support (extended family, health nurses, literature etc) it appears that the key information on bonding and the necessary tools and skills parents can use to assist them in their attachment relationships are not within the parents reach. Therefore in order to reach parents in this diverse community it is recommended that interventions are designed to infiltrate the already operating community support services that have secured working trustworthy relationships with parents and other key stakeholders. This view is based on a model which assumes that "the capacity of the parent-child relationship to function effectively as a context for development depends on the nature of the other relationships the parent may have" (Olds, 1997, p. 12). Interventions could be based on the following:

Intervention Suggestions

Considering the context of the South Burnett Region a number of key intervention ideas and strategies were highlighted or emerged from the data.

Parenting programs that focus specifically on the importance of the parent/child attachment relationship and brain development research with practical resources offered and skills taught to parents such as baby massage, nappy aerobics and other stimulating movement activities. Educational efforts to dispel the myth that attachment and bonding is 'woman's business' with programs acknowledging the traditional and cultural barriers fathers face with their infants and using this acknowledgement to gain interest and re-educate fathers on the importance of their role in the parent/child attachment relationship. Steps should be taken by educators and community support service providers at all levels to ensure these myths are targeted and dispelled.

3. ACTIVE PLAY AND PHYSICAL ACTIVITY OPPORTUNITIES

3.1 Physical activity and active play - Current ideas and theories

3.1.1 State of play

Paediatric obesity and inactivity in Australia have become increasing public health concerns with the associated health risks contributing to such things as low self-esteem, stress and anxiety (Calfras, 1999), type II diabetes, asthma, elevated blood pressure and early risks for cardiovascular disease and several forms of arthritis (Dietz, Bland, Gortmaker, Molloy, & Schmid, 2002; D. Freedman, Dietz, Srinivasan, & Berenson, 1999; D. Freedman, Khan, Dietz, Srinivasan, & Berenson, 2001; World Health Organization, 2002). Worldwide statistics regarding the increase in childhood obesity and inactivity are disconcerting; particularly with research indicating that childhood health habits and behaviours are strongly predictive of similar trends in adulthood (Cole, 2004; Guo, Wu, Chumlea, & Roche, 2002; Venn, et al., 2007) (See figure 1).

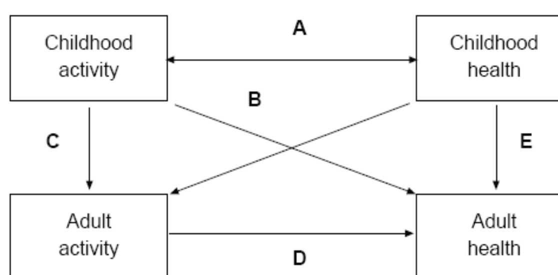

Figure 1 Activity/health tracking from childhood to adulthood (Trost, 2005, p. 11)

There is also mounting evidence suggesting that for the first time in history children will have a shorter life expectancy than that of the previous generation (Health, 2008; Olshansky, et al., 2005). Although these statistics are currently being contested by some researchers (Okely, Booth, Hardy, Dobbins, & Denney-Wilson, 2008), the fact remains that a range of determinants continue to obstruct many children from participating in active play[8] and physically active behaviours. However, a key concern for leading early childhood, health and support services specialists is that childhood inactivity, limited active play and socialisation opportunities has direct correlation to less opportunities for secure attachments and quality relationships to develop between primary caregivers and young children. This has direct implications not only to their physical development but also to their short and long term cognitive development, social/emotional development and health (Brett, et al., 2004; Centre for Community Child Health, 2006; Hertzman, 2002; Hills, et al., 2007; Lindsay, et al., 2006; Shonkoff & Phillips, 2001; Siegel & Hartzell, 2003) (Brown, in preparation).

Today many children are encouraged to stay inside where parents can 'keep eye on them' for fear of strangers and a range of other concerns of fears (Carver, Timperio, & Crawford, 2008; Malone, 2007; Timperio, Crawford, Telford, & Salmon, 2004; Weir, Etelson, & Brand, 2006). Even for very young children play and active experiences have become controlled and

[8] **Active play experiences -** those structured and unstructured experiences children engage in either solitary, with other children or with primary caregivers that involve moving with regular bursts and at a "moderate to vigorous pace") (Brady, Gibb, Henshall, & Lewis, 2008; Murdoch Children's Research Institute, , p.1).

restricted (Buckingham, 2000; Matthews, et al., 1999). These are only some of the 'determinants'[9] (Bracco, et al., 2006; Gordon-Larsen, et al., 2000; Hands, et al., 2001; Parsons & Power, 2003; J Sallis, et al., 2000) attributed to increased inactivity in children.

3.1.2 Thinking 'otherwise' – exploring the alternatives

Health education and the promotion of well-being and active lifestyle habits are now being promoted as a much more cost effective alternative to what is currently a very expensive burden on the community (Duderstadt, 2007; Gunner, et al., 2005; Halfon, et al., 2007; Klish & Goodrick, 2003; Williams, 2003). Experts are now suggesting that we need adopt a multi-pronged approach in order to deal with the issues and focus with our youngest generation (Campbell, et al., 2008; National Association for Sport and Physical Education, 2002) and that this be linked both to the individual, their social environments and the wider community (Hertzman & Williams, 2009). Increasing numbers of researchers are now agreeing that it is a public health priority for physical activity, positive health behaviours and intervention to start early in life and be integrated into a young child's routine (Campbell, et al., 2008; Education Queensland, 2007; Hertzman & Williams, 2009; Trost, 2005)

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3.1.3 Children's environments under the microscope

A growing consensus is now highlighting that child's environment exerts an enormous influence on the establishment of their health and wellbeing patterns (Booth, et al., 2001; Duncan, Spence, & Mummery, 2005; J Sallis, et al., 2000; Welk, et al., 2003). Social ecologist positing that both the environment and context play a powerful role in impacting on and influencing lifestyle behaviours (Bar-Or, et al., 1998; Hallal, Wells, Reichert, Anselmi, & Victora, 2006; Hands, et al., 2001; Hills, et al., 2007; Műller, et al., 2005).

3.1.4 The pervasive role of primary caregivers

Although a wide range of research exists on investigating and understanding determinants of inactivity in older children and adults, there is a paucity of research on very young children and even less research on the role that parents' perceptions, experiences, habits, values and abilities play in influencing and supporting physical activity and active with their children in the home, although several studies have acknowledged that parents significantly impact on children's physical activity patterns and attitudes (Kohl & Hobbs, 1998; Veitch, Bagley, Ball, & Salmon, 2006). Trost and his team back this up suggesting that "the mechanisms of parental influence remain understudied and poorly understood" (Taylor, et al., 1994, p. 277).

A critical aspect of this investigation was to understand how the home context[10] and a range of other support services and primary care contexts provide experiences in active play

[9] Determinants: a range of factors significantly contributing to or impacting on phenomena or complex set of behaviours. See glossary of terms for additional key words and definitions.

opportunities with young children as well as what 'gets in the way'. A key strength of this research was the acknowledgement and valuing of families, key adults and positive experiences as powerful trajectories not only for a child's future values and experiences in cognition, language and social emotional development (Hertzman, 2002; Siegel & Hartzell, 2003), but also for their physical activity outcomes and patterns (Shonkoff & Phillips, 2001).

3.2 Making sense of the findings

There was significant overlap in findings pertaining to active play experiences as well as bonding and attachment. Times parents spent with children were often both active play opportunities as well as wonderful opportunities to connect and bond with children.

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3.2.1 The environment – part of the problem or a key to the solution?

Repeated research is attesting to the environment[11] being one of the prime factors influencing lack of physical activity in young children. For children, examples of microenvironments include the family home, the school and local neighbourhood. Macro-environments could include transport, food supplies, the built environs, health care services and a wide range of government services and policies" (2008, p.2). More specifically, it has only been recently that research has focused on what influences, motivates or inhibits parents' attitudes, dispositions and practices for supporting opportunities for their children to engage in physical activity in the home, even though the home and primary caregivers are acknowledged as 'critical leverage points' in terms of impacting on children's physical activity, attitudes and behaviour (C. Cohen, 2005; Kohl & Hobbs, 1998; Spurrier, et al., 2008; Weir, et al., 2006).

Location and the physical environment

Although location in relation to large town and country living at times was a barrier to active play experiences in other situations it was more of an enabler. For example one parent commenting that *"the teachers unit itself is tiny but we've got the hugest backyard and it's like running a 100 metre sprint down the backyard...she just loves it."*

A number of parents also identified a strong benefit of living in a small country town was that there was a perception of feeling safe' *" It just gives you more options. My two definitely get more physical..........you also feel safer around here walking.....there's no traffic.....I'm not stressed about them being on their scooter cause it's just quiet."*

Quite a few children were either linked directly or indirectly to acreage or extended family with farms (cousins etc). This tends to change the sort of play they engage with during these times (pony rides, chase sheep, help with gardening). Just because children live on the farm doesn't necessarily mean they are active. Maybe week-end children might take advantage of the farm by going on a pony ride etc.

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10 Home context is made up of two concepts: a) 'home' being the primary place of care where a child lives, but may also encompass the environments in which the child may play in as part of their home experience (this could include the backyard, park, sporting or clubs, neighbours); b) context being a set of factors or circumstances that operate on or are imbedded in a situation or event and that gives meaning to its interpretation.

[11] **Environment:** A particular location or boundary that can be either physical or possessing a particular place or space in time and can include built environments, neighbourhoods, buildings, road, recreational facilities and can include places where people work, play and live (Ball, Timperio, & Crawford, 2006; J Sallis & Glanz, 2006).

"No….mine aren't city kids….my sister has property and stuff and they are only happy when they are with the cows, horses, ducks and dogs….that's 45 minutes away……..we are always back and forwards……they don't mind being in the city… All of our cousins have farms as well….so its….when they go over to their cousins at Wondai….they're off riding a sheep…you turn your back and their down in the paddock….."

A number of parents identified that their location restricted their freedom and safety concerns were raised.

"We live on Haly Street…. out the front…. is a busy main road……I think that's why we go away a lot….we always go to the park."

"We got a pool in town.........in Murgon............it's different cause we could go places on trains and buses but you can't do anything here.......we go fishing sometimes on the weekend.........we go to the dam...........yeah my family we usually go with my brothers and my partner and my two boys go with them.........they caught one............I don't have the patience for that............my partner takes my son horse riding.............once every three weeks or once a month..........he goes around...........he takes my son around the mission here.........he has horses my partner.........my son has like three or four horses.........oh yeah different from our house............the horses are over."

Lack of play spaces and supportive environments

Lack of play equipment and activities for children was cited as impacting on a parent's ability to engage the children in physical activity.

"That's the bad thing about living here but there is nothing to do. You can't take your kids anywhere. There's nothing to do really...because there's nothing here the kids are so bored here..There's only one park and kids just flock there every weekend...so we take our kids there, we take them for a walk."

"In Murgon.....it's different cause we could go places on trains and buses but you can't do anything here. We go fishing sometimes on the weekend, we go to the dam or my partner takes my son horse riding once every three weeks or once a month. He goes around....he takes my son around the mission here"

3.2.2 Barriers or Enablers or both?

Routines – times for learning and loving

Washing, hanging out clothes, gardening, cooking dinner, all these chores were identified as great opportunities to spend time and connect with children while supporting active play and their learning. There were quite a number of examples where farm activities and physical activity was just part of a days work as well as a wonderful time of sharing.

This is supported by comments such as, *"They are with my parents in law who are on the same farm as us……..and that day is probably the most active day because my father in law takes them on whatever he is doing…."*

"I always….let them get into craft and cooking…. when they were young….I never said no…they were all very creative….to craft and stuff….if we want to do biscuits and they want to put jam on them ….and sprinkles…yeah…let's do that…..I don't mind mess…. I can always clean up mess later."

"We have days now where we have cooking days….I have all three of them…..and they have their own little bowl of mixture etc and some of it is on the floor ….some of it is being eaten…some is on the floor…..most of it is on their clothes….."

But then outside….like…we'll go plant …I'll make them all their own veges gardens and we'll plant the seeds and water them….Jade loves to vacuum clean and put my washing up on the line…it might not be hung up properly…but I don't care….They just like being with me.

Travelling distances to extra-curricular and social experiences

Distance and city living in comparison to country life was sometimes identified as a barrier to quality time spent with children or participating in active play or physical activity opportunities (extra-curricular – eg kindagym or dance). Commenting *that "I know that I probably wouldn't take my two little ones to Kingaroy to the Gymboree......there's nothing.........I don't think there's really anything at the pulse here for......."*

Safety and environmental concerns

Research reinforces the concerns outlined by some parents in this study that raised safety as one of the biggest considerations impacting on their support of choice of active play experiences for young children in or out of doors (Bagley, Salmon, & Crawford, 2006; Carver, et al., 2008; Veitch, et al., 2006). Interesting, although some parents identify safety concerns as a barrier, other parents prioritised or found creative ways of overcoming these obstacles.

"I really just don't believe that the council supports anything to do with current practice for families where are the spaces for children to play safely?"

Nanango – "The 2 parks that are near creeks….a lot of people won't use them because they're beside creeks we had a situation actually just a few years ago at the butter factory park where a child drowned so that has sort of …stuck in a few people's heads".

"Living in town and stuff…..Even when they are outside…I always worry….because the place isn't completely fenced…. ….they can get through to the front…"

Generation X parents, those parents from baby boomers, have become the 'fear generation'. Many parents find themselves in a 'protectionist paradigm' where as a consequence of their fears or 'overparenting' generation Z children are increasingly finding themselves indoors with limited opportunities for play, fun or physical activity (Malone, 2007, p. 525). Children's play is becoming more controlled, constricted and subjected to adult supervision Perceptions and concerns over child safety are a key determinant identified in this study for parents supporting or hindering active free play opportunities and a child's independent mobility (Bagley, et al., 2006). These same parental fears can then transfer to decisions for opportunities for older children to participate in physical activity. For example the fear of strangers or road safety may impact on a parent's of a parent driving a child to school instead of allowing them to walk or ride their bikes. Because parents are such a strong influence of a young child's behaviour, policy and communities tend to be driven by these expectations and therefore these habits and behaviours are manifested in multiple contexts.

Weather and Seasons –

Physical activity tends to occur to match the season or the weather (eg. Kite flying on windy days). Wind and other weather conditions could easily become a constraint….and for some parents it is…..however other parents share how they proactively overcome the perceived barriers of weather.

"Flying kites....we've been doing it a lot lately because it has been really windy"

"If you put television on….if it's raining and we have a movie day…..they are fixated……you can stand in front of them doing a tap dance in your undies….and they don't care…..and that scares me. I hate the fact that they can switch off so much. We even put the fire alarm on….it didn't faze them…. and they just sat there…..…"

"One thing I should highlight probably …is recently when it has been cold….we have had an insane amount of time inside watching tv….."

"My kitchen turned into a cubby house. ..city…when it rained….my dining table…as there's cushions….blankets….and I said….as long as you guys can do that…..so mummy can sit for 5 mins…. ….don't care how much mess you make…."

Time

Time has been identified as being a significant determinant of a parent's ability to support PA experiences with young children (Beets, et al., 2007; Brown, 2009). As mentioned earlier employment and the pressures of work can result in considerable differences to the amount of time parents are able to support or facilitate active play opportunities with young children (Hochschild & Machung, 1989; Koplan, et al., 2005). Whether it is due to work or an overscheduled week, even if parents are aware of the importance of spending time with their children engaged in play or physical activity, actually being proactive or knowing how to schedule this time proves difficult for many. This lack of time appears to cross socioeconomic boundaries with Devine defining this as a 'parental time famine' (Hewlett & West, 1998).

In this study time proved to be a constraint or enabler in supporting active play experiences. It's interesting to appreciate just how parents try to work around barriers in order to 'catch moments of time' with their children. It was highlighted by a number of parents who work full-time or part-time that work definitely challenges the ability to earmark time for active play and bonding.

"What we probably share more is that time and that personal time……"

"….cause a lot of those children are singing out for that attention and mum and dad are just too busy……

"We don't get much time together so we do …whatever we have to.....so a lot of the time….when I get home….from work…I've got things to do…I've got to do the washing….I've got to do the dishes…..I don't have any other time to do it….so the kids are inside with me…because I won't let them go out there without me…... A - So a safety thing as well"

"Even then there inside…..they'll play with their toys….. I've got a lot of things to do and stuff….I don't have any other time to do it….."

"……what we don't do on the week days we make up on the week-ends…..they watch cartoons in the morning…..Jacob…when you get up …it's background noise while they are having their brecky and stuff"

If they are really too busy…..This particularly lady has children by 2 different fellows…. her husband she has now is a bit aggressive…..she's been with him for a while and has a couple of children from him….If they are really really too busy…and you get instances where the dad is gone at 6 am in the morning…particularly if they are on a farm…...they are not home till dark at night…they have their shower and their tea…watch a bit of tv and have a bear and they want to go to bed….and you are saying to the mum….get dad to interact….he's too tired…...if you keep at them..they tend to…..

Parental confidence and knowledge (PCK)

A parent's level of education, confidence, their knowledge of child development and health as well as a range of other life experiences, values and access to information are all strongly predictive of the level and type of support they are able to provide for physical activity behaviours, support and environments (Bracco, et al., 2006). In this study, although some parents attempted and tried to incorporate PA into their child's day or support it on the week-end, for other parents because of their upbringing or background knowledge and confidence, they inherently and proactively supported all areas of development including PA into their children's day.

Confident parents (which may not necessarily be based on level of education but perhaps drawing from a rich or supportive contextual background) as well as those with child development knowledge or a higher level of education are often able to prioritise a range of physical activity options, environments and attitudes in the home (Jamner & Stokols, 2000). This information was of significance to this study because if parents were confident and had knowledge of child development or an awareness of movement on brain development and learning as well an understanding of the health benefits of movement they felt more comfortable providing effective environments and meaningful play and movement opportunities for children (Benasich & Brooks-Gunn, 1996).

4. Knowing how – finding out: Accessing and disseminating information in the South Burnett

4.1. Theory on key ways people acquire information

Still need this section from Cassie

Expecting parents and parents with young families are presented with a range of information in relation to child health, parenting practices and disease prevention in an increasing number of ways. This information can be communicated through extended family, close friends and work colleagues. Or it may be fed through the media via newspaper, magazines and the internet. Additionally it may come through a range of government and community support services and materials. Although the power of information in relation to parenting and the valuable knowledge of child development and health is acknowledged by experts, it is also admitted that there is still quite a lot we don't know about the effectiveness of these various forms of communication (Wagner & Greenlick, 2001).

Of significant importance in this study was the exploration and discussion with key stakeholders on the most effective avenues for the dissemination of information. In investigating this phenomenon researchers initially discovered where stakeholders had accessed information in the past as well as the most beneficial ways they preferred to receive information in the future.

In relation to the South Burnett community, the researchers of this study were interested in investigating which dissemination methods parents and key stakeholders felt were of most benefit and easily accessible in relation to active play and attachment/bonding. Unfortunately the scope of this project did not allow us time to explore the question of: to what degree to which parents of young children understand and act on this information. Although there is a body of knowledge that does suggest that the value that parents place on active play or parenting practices can be a significant factor in motivating them to overcome barriers and influencing decision making and actions (Trost, Sirard, Dowda, Pfeiffer, & Pate, 2003).

During the course of the research reoccurring themes were identified in not only field research but in the body of research literature surrounding early intervention, information dissemination and community capacity building. These commonalities formed the foundation for a set of five criteria, developed in order to assess the effectiveness of a resource in disseminating

information to stakeholders. The degree by which the resource is able to fulfil the criteria directly correlates with the effectiveness of the resource in reaching stakeholders, meaning that the more criteria the resource is able to fulfil the higher the participants' uptake of information. The resources identified as effective in both field and literature research shared the following five characteristics: Accessibility, Presentation, Engagement, Contextualization and Sustainability.

4.2 Ideas and strategies for information dissemination and resource distribution in the South Burnett

A significant area of importance to researchers of the South Burnett: Early Movement and Stimulation Project was to explore and discuss with key stakeholders the most effective avenues for the dissemination of information. In investigating this phenomenon researchers initially discovered where stakeholders had accessed information in the past as well as the most beneficial ways of receiving information in the future.

4.3 Effective principles of information dissemination

" Mine was more from reading books and that sort of thing….trying not to make ….not that I think my parents made a hella of lot of mistakes…they're good parents and everything…..but I wanted to try to do things a little differently to the way they did things…..Kaz Cooks Books…Kids rambling and Up the Duff…..they were like little bible to me…."

" Cass - What attracted you to those books?"

" Probably because of how down to earth they were written…because I did also get….'What to expect what you were expecting?'……..and I just about through it out the car window one day when I was reading it…..because I'm studying social work….and it was saying very politically incorrect stuff…like…assuming saying your husband this….husband that….it assumed you had a husband…because you were having a baby…..and that sort of stuff….and I thought…this sucks….it was just a bit old fashioned …I ..Kaz Cooks…books….her writing was more like…if want to do it this was….."

From a number of reoccurring themes that emerged as well as in reference to leading literature researchers were able to form the foundation for a set of five criteria. These criteria emerged as key factors that were identified as being important in the effectiveness of a resource or information being utilised and disseminated to stakeholders.

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Accessibility

A number of stakeholders identified that an effective resource must provide for availability and accessibility (Department of Health and Aged Care (DHAC), 2001). This was especially the case with regards to health care services where accessibility was critical (Joseph & Phillips, 1984). According to the Department of Health and Aged Care (2001) the capacity to offer services is not sufficient in itself to ascertain access. Initiatives must address methods of delivery as there may be a need to implement diverse delivery methods in order to verify access. Given that utilization is a manifestation of accessibility, resources need to be delivered in a way that allows for ready access by stakeholders (DHAC, 2001). Thus the degree by which a resource is accessible to the stakeholder directly correlates with the degree of participant uptake of information.

"It could be the best sort of structure…it could have everything going for it and a lot of people may genuinely want to attend it but at the end of the day can't afford the petrol to drive into town to go back or its put in the too hard basket because they've got 5 kids and by the time they get them all ready and they go to town…"

Presentation

"Because it was convenient it was next to the supermarket and they were there for most days a couple of hours… I was really impressed but I also thought that's making it convenient and that's making it easy".

Presentation of the resource to participants is fundamental in reaching the stakeholders. Where the presentation of the resource is made is significant to the uptake of the information presented through the resource. Examples of effective presentation mediums for the South Burnett region were not limited to the health care sectors. Participants listed schools, sporting clubs, women's groups, the local supermarket and other community based organizations as possible venues to reach the broader community with regards to parenting, attachment and bonding information. This proposal is supported by Turner & Bredhauer (2005) who added other agencies such as libraries, counselling services and local government buildings as possible platforms for information dissemination. Other factors affecting the uptake of information by participants when reflecting on the presentation criteria include the aesthetics of the resource, practicality of presentation and language used in the resource

Engagement

Another commonality in both research literature and the field research conducted for the South Burnett Early Movement and Stimulation Project was the level of engagement the resource was able to provide to the participants. An effective initiative must empower participants to utilize services and become accountable for enhancing theirs and their families health (Turner & Bredhauer, 2005). Research suggests increased accountability for health is associated with higher outcomes (DHAC, 2001). This is further supported by Miller and Torzillo (1998) who assert that, generally effective health interventions in Aboriginal and Torres Strait Islander communities incorporate elements of engagement and amplified responsibility. This is especially significant to the South Burnett: Early Movement and Stimulation Project as Aboriginal and Torres Strait Islanders form a significant minority group within the population residing within the South Burnett region (Australian Bureau of Statistics (ABS), 2001)

Context

The major reoccurring theme during the course of field research for the South Burnett Early Movement and Stimulation Project was the need for contextualization of the resources. During interviews many participants identified a desire to incorporate the needs of the existing community organizations and structures. This view is supported by Turner and Bredhauer (2005) who indicate that a strong theme identified in their research was that successful initiatives do not exist in isolation. Cousins, Mickelson, Williams and Velasco (2000) elaborate on this notion by stating that a resource must take into account the 'community's social, cultural, economic and political characteristics in contemporary and historical contexts'. This information can then be applied to the resource in order to make it contextually relevant to the participants thus improving the effectiveness of the information in reaching the stakeholders.

CN2: It depends on the context that people come into you from.
SW2: When it's done not in the fancy pants words, not in the proper language
CN2: Don't make it scientific for them…and it helps make sense and helps put it into context

Sustainability

If a resource is effective it needs to have the potential to remain effective. 'One off programs or those that cannot be integrated into ongoing service delivery will not achieve sustained results' (DAHC, 2001, p. 92). The ability for the resource to adapt to changes in the community is imperative. This view was expressed through many of the interviews conducted in the South Burnett: Early Movement and Stimulation Project. Several participants felt that initiatives would need to have an ongoing commitment to the community if they were to make a positive difference to the families and children residing in the area. This view is supported by contemporary research which suggests that enduring change necessitates community partners with the same vision willing to empower efficient, continual cooperation to realize shared goals (DAHC, 2001; Peck & Fitzgerald, 1998; Turner & Bredhauer, 2005).

4.4 Considerations from findings

The South Burnett Early Movement and Stimulation Project was keen to understand how information was disseminated and the most effective uptake level or critical leverage points of

this information The five criteria outlined above (accessibility, presentation, engagement, contextualization and sustainability) helps make sense and provide a way of interpreting some the stakeholder feedback shared during this project.

From this information a number of recommendations are shared:

- Mobile services that provide playgroup and parent education by going out into the community would be a valuable support in this community
- Additional facilitator training would be of benefit
- Additional support and information dissemination points utilized including community health nurses and support services.
- Face to face contact and support is still a major strength (Community health nurses and support services)
- Additional parent activity group initiatives
- Considerations for the power of information displayed in key areas where parents frequent including supermarkets, playgroup notice boards, parks and medical centres
- A kids out in the park day (signs in the park promoting child health exercises)
- Understanding the value of books and resources that are contextual or that resonate with a particular community (eg Kaz Cook Books)
- Kaz Cook author of ‘Kids Wrangling’ and ‘Up the Duff’ could make a workbook to compliment her books which would make it more effective for the criteria

5. Cascading Connections: Where to from here?

5.1 Upon reflection

This studied not only provided tremendous insite into a region's contextual issues, particularly in terms of supporting strong attachment relationships and the health and well-being of young children, but was a humbling experience in terms stakeholders from the South Burnett Community sharing their stories and experiences with us. Although it is acknowledged that partnerships and building collaborative relationships are an ongoing process, the researchers on this project do believe that they achieved their key aim of the 'South Burnett – Early Stimulation and Movement project which was to pioneer partnerships with families and local support networks in this region and develop an understanding of their contexts.

The qualitative nature of the this project provided an effective method for gathering information in relation to a better understanding of the constraints on and enablers of these stakeholders in supporting early movement and bonding opportunities 'connecting' with young children and produce knowledge and action that would be valued by these groups. Additionally we were able to gain valuable information in relation how stakeholders and in particular parents acquired and used information (in particular in relation to bonding, attachment and active play) and their preferred avenues for information dissemination.

5.2 Connecting with Kids Cards

An additional bonus that emerged from this study was the development of a contextualised resource developed for stakeholders titled the '*Connecting with Kids Cards'*. This was initially designed purely as a final gift of appreciating that was offered to stakeholders in thanks for their time and support of this project. It was anticipated that parents of young children and other stakeholders could adapt and implement this resource and information in their own context when facilitating movement experiences, active play and quality interactions for optimum brain development and consequently healthy bonding and 'connecting' with children. The ideas on the cards emerged from the combined findings and information from this study as well as being informed by previous research about how local families and services contextualize understandings of bonding and attachment and active play.

It is acknowledged however that these cards may need to be refined to ensure suitability and relevance. By hearing the views of support services on how they currently use and anticipate using the draft cards, we will refine the content & share ideas among providers on more effective methods of working with families.

5.3 Thinking otherwise

As a culmination of stage of one of the *South Burnett – Early Stimulation and Movement Project* it was important to report back, offer our cards to stakeholders and share ideas and critically reflect with the intention of 'thinking otherwise' as to what the implications of these findings may mean to parents, early childhood educators, community health and support services. Exploring the questions- So what….who cares…..where to from here? This process involved exploring further projects and what possibilities could evolve from the *South Burnett – Early Stimulation and Movement Project- Stage 1.*

5.4 Cascading connections: building strong and effective partnerships

After final meetings and consultation with key stakeholders a range of ideas were put forward as to how the community and stakeholders would benefit from ongoing support, collaboration and information from research and community health representatives. A key priority was the need to build community capacity to promote secure attachments and active play opportunities whilst addressing child outcomes. It was also raised that the 'Connecting with Kids Cards' could offer a tool for supporting parent's knowledge of child development, parental relationships and active play as a form of protective factor. Researchers and community health could support service providers and early intervention specialists with the ideas in the cards, disseminate practical parenting strategies to parents of young children in these disadvantaged communities with high rates of child abuse and other poor child outcomes.

There is strong evidence that healthy attachments & bonding improve child outcomes. Interventions based on one on one or group methods have been proven to modify these outcomes. Missing in a public health model of prevention, are complimentary, brief & cheap, universal interventions can improve attachment, bonding & associated processes (brain development, self regulation, parenting sensitivity, safety). Cascading connections would aim to use action research methods to explore how to translate this research into practice and to reorient services and build parenting skills in contextualised settings.

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Appendix 1

Conceptual Framework: Multidimensional Model

(Note: This model is currently being explored as a conceptual framework for the unpublished doctoral of philosophy thesis (Brown, in preparation).

Multi-Dimensional Model: Contextual Influences & Determinants

Culture / Beliefs / Values / History

Industry / Government / Politics

Society / Neighbourhood / Community

Other micro environments
Early Childhood Services, extra curricular activities, extended family, friends, peers place of work

THE CHILD
Characteristics
(eg. Temperament, age, developmental level)
Opportunities & barriers of physical activity or sedentary behaviour

DETERMINANTS

Appendix 2

Resources List

Many physical, cognitive and social capacities are built on neurological foundations laid down through early parent/carer/child movement routines, social interaction and 'connections opportunities' during the first years of life. The following resources are excellent for supporting early communication, bonding and social interactions and active play opportunities with between parents, caregivers and young children.

Great videos

Getting to Know you- Recognising Infant Communication and Social Interaction
Northern Beaches Child and Family Health Service and The New South Wales Institute of Psychiatry *(Video)*

Margaret Sasse'. (2005). The Ladder of Learning: The importance of being an infant/toddler. Toddler Kingy Gymabaroo

Great books

Sue Gerhardt. (2004). Why love Matters - How affection shapes a babies brain. New York: Brunner-Routledge,

Lynne Murray and Liz Andrews. (2000). Your Social Baby: Understanding babies' communication from birth. ACER Press: Camberwell.

William and Martha Sears. (2001). The Attachment Parenting Book. Little, Brown and Company: New York.

Margot Sutherland. (2008). The Science of Parenting, Kindersley, DK Book
http://us.dk.com/nf/Book/BookDisplay/0,,9780756639938,00.html

Margaret Sasse'. (2009) Smart Start. How exercise can transform your child's life. Exisle Publishing Limited. Auckland. For orders contact:
www.gymbararoo.com.au

Kaz Cooke. (2003). Kid-wrangling. The real guide to caring for babies, toddlers and preschoolers. Penguin Group: Victoria, Australia.

Kaz Cooke. (1999). Up the Duff The real guide to pregnancy. Penguin Group: Victoria, Australia.

Pam Schiller (1999). Start Smart – Building Brain Power in the Early Years. Grypton House

Jan Healy. (2001). Your child's growing mind: A practical guide to brain development and learning from birth to adolescence. Broadway

Sue Palmer. (2006). Toxic Childhood: How the modern world is damaging our children and what we can do about it. Orion Publishing

Robyn Crowe and Gill Connell. (2003). Moving to Learn: Making the connection between movement, music, learning and play (birth to 3 years). The Caxton Press, New Zealand.

Jackie Silberg. (1993). Games to Play with Babies. Gryphon House, Inc: Beltsville, MD

Sophie Foster. (2006). Move, Baby Move. Random House.

Diane Trister and Cate Heroman. (2005). Building your Baby's Brain A parent's guide to the first five years.

Great websites, online articles, free articles

Talaris Institute
http://www.talaris.org/spotlight_videos.htm

60-Second Spots: These are a wonderful range of quick videos highlighting real life parenting moments and the discussion of best practice. Topics include Parent/Child Communication, Emotions, Exploring, and Emergent Literacy.

Research Spotlights: Excellent background research in a readable style on a range of topics including social, emotional, and cognitive development.

Parenting counts
http://parentingcounts.org/research.htm

Zero to Three website
http://www.zerotothree.org/site/PageServer?pagename=homepage
http://www.zerotothree.org/site/PageServer?pagename=ter_abt_factsheet

Responding to Babies Cues

http://www.aaimhi.org/documents/position%20papers/Position%20Paper%202.pdf

Move Baby Move

http://www.sportrec.qld.gov.au/CommunityPrograms/Schoolcommunity/Earlychildhoodprograms/Activebaby.aspx

National Science Council on the Developing Child

The Timing And Quality Of Early Experiences Combine To Shape Brain Architecture
http://www.developingchild.net/pubs/wp-abstracts/wp5.html

A Science-Based Framework for Early ChildhoodPolicy
http://www.developingchild.net/pubs/persp/pdf/Policy_Framework.pdf

In-services suggestions:

- Bonding with children
- Language development
- how to care for children
- Brain development

See PSCQ for support in this area
http://www.pscq.org.au/activities.html

- **Finding Your Feet With Under 3's**
- **Supporting Social and Emotional Early Development (SEEDS)**
- **Engagement Blackfella Way**

Other resources

Australian Baby Hands Poster (Baby sign language)

This beautiful A2 size full colour gloss poster is ideal for the nursery. Showing 16 signs with easy to follow arrows for movement and clear written instructions.

$11.95 available at:
http://www.australianbabyhands.com/shopping/product.php?productid=16136&cat=252&page=1

Seeds Resource

Email: seeds@health.qld.gov.au to order copies of ***SEEDS RESOURCE*** – new SEEDS website coming soon.

Hello Dad DVD

http://www.nswiop.nsw.edu.au/index.php?option=com_content&view=article&id=262&Itemid=121

Christine Puckering. (2007). Infant Mental Health: A Guide for Practitioners: Infant Mental Health: A Guide for Practitioners, Heads up Scotland
http://www.headsupscotland.co.uk/documents/Infant%20Mental%20Health%20-%20Good%20Practice%20Guide%20-%20Final%20Edit.pdf