

Baby Choir Evaluation Report 2014



Summary of Conclusions & Supporting Evidence

Evidence from the current evaluation suggests that...

70% of observed interactions facilitated positive childhood development.

1. Activities run at Baby Choir facilitate positive engagement between adults and children (Program Logic).

- 50% of positive interactions were face:face between an adult and child according to structured observations.
- 36% of adults surveyed said that the best thing about Baby Choir was the time that they had with their child.

2. Baby Choir contributes to childhood development in communication and self-identity.

- face:face interaction between the adult and child occurred most often (30%) during a song and dance activity where adults were prompted to face the child, look into their eyes and sing and move (Slow Dancing; second session).
- According to the *Australian Early Years Framework* singing and chanting rhymes, jingles and songs together and positive adult, child interaction (p.41&42) are known to impact on children's development of self-identity and communication.

3. Baby Choir contributes to the conditions required for optimal brain development in vulnerable children at a time of rapid brain growth.

Australian Early Development Census (2014) 0-3 years of age is a period of "rapid" brain development which can be "fostered by relationships with caregivers and supported by optimal community environments for families and children." These conditions can ameliorate stress in children related to disadvantage and/or trauma. Prolonged stress of this type negatively interferes with brain development.

- Activities run at Baby Choir facilitate positive engagement between adults and children.
- 73% of adults reported positive feelings about being at Baby Choir and the environment.
- A theme evident in survey responses was that adults and children felt '*relaxation and being calm*' when at Baby Choir and afterwards.
- 64% of adults surveyed described behavioural indicators that demonstrated social connections and developmental outcomes for children. These outcomes suggest Baby Choir is a positive environment for children.
- 58% of families attended more than one session across one or more terms indicating that it was an enjoyable experience and environment.
- Choir reaches vulnerable children by being conducted at Banyule Community Health, a service in West Heidelberg where families rank in the 95th percentile of dis/advantage.

4. Baby Choir increased social connections between adults from disadvantaged communities (Program logic).

- Choir reaches vulnerable adults by being conducted at Banyule Community Health, a service in West Heidelberg where families rank in the 95th percentile of dis/advantage.
- Structured observations indicated that 39% of positive interactions during Baby Choir were between adults.

- 45% of surveyed adults reported that the adult-to-adult interactions were important to them.
- Two Community nurses interviewed for the evaluation said that singing and dancing meant adults had something to do and it provided a shared experience, both of which enabled conversations to begin more naturally.

5. Baby Choir impacted on social connection and developmental outcomes for children.

- 64% of adults surveyed described behavioural indicators that demonstrated positive social connections and developmental outcomes for children.
- Only 12% of positive interactions were between two or more children.
- For several reasons observational data of children's interactions with each other was not a valid indicator of social connection/interaction for the children who went to Baby Choir.

6. Adults improved coping skills as a result of attending Baby Choir.

- 64% of adults surveyed said that since attending Baby Choir they responded to difficult situations in a "more calm" and constructive way.
- A theme in survey responses was that adults and their baby felt 'relaxed and calm' both during, and after being at Choir.

7. People who regularly took part in Baby Choir positively engaged with service providers (Program Logic). Likewise they accepted support from services (Program Logic).

- Forty five families attended Baby Choir in 2014.
- 58% of families attended more than one session across one or more terms.
- 31% attended for one term, 35% attended two terms, 19% three terms and 15% went to all four terms.
- 69% of these families attended for two or more terms.
- Community nurses said that in an informal setting such as Baby Choir, adults frequently talked with them about parenting and child development. It helped build adult's trust in services.
- A certain degree of trust in health centre staff was demonstrated when clients consented to being filmed for the current evaluation.
- Families attended 3 other groups, on average, in addition to Baby Choir.
- There was no evidence to suggest that attendance at Baby Choir increased participant's use of other health services.
- Community nurses interviewed were not surprised that 42% of families attended only one session. They said that the flexibility and active nature of Baby Choir was part of its success for some people, and conversely, was probably not suited to others.
- 27% of survey respondents said that Baby Choir was different from other groups because it was more flexible and active.

8. The Performance and related Rehearsal sessions did not meet the needs of people who attend Baby Choir.

- Zero from ten families did not attend the Rehearsal in term 4 despite attendance for 2 or more terms, including term 4. Two families attended the Performance.

9. A substantial decrease in attendance at Baby Choir in Term 2 suggests attendance be monitored in 2015, particularly in the month of May.

- Families were least likely to attend Term 2. Attendance in May 2014 was 0 – 2 families across 4 sessions. 15 families in total attended in Term 2.

Method

Data collected for the current evaluation was as follows:

1. Survey completed by 11 adults at Baby Choir session 2.9.14
2. Video recordings of Baby Choir sessions 7.10.14 and 14.10.14
3. Analysis of 15 seconds of observational data at 5 minute intervals. Total 145 behaviours observed. Variables; Face:face adult to child interaction; adult to adult interaction; child to child interaction.
4. Semi structured interview with the two BCH Community Midwives and Maternal & Child Health Nurses who attend Choir.
5. Attendance records for 2014



BANYULE
Community Health

Evidence and Conclusions

Observations demonstrated that activities run at Baby Choir facilitate positive engagement between adults and children (Program Logic).

Results suggest that Baby Choir contributes to childhood development in communication and self-identity.

It was apparent that 50% of positive interactions were face:face between an adult and child according to structured observations. Likewise, 36% of adults surveyed said that the best thing about Baby Choir was the time that they had with their child. For example, "I can just have fun with my kids," we have "time together" and "family time." Much attention is paid to positive engagement between adults and children as an essential experience for positive childhood development (Early Years Framework).

According to the *Australian Early Years Learning Framework (2009)* the creative and expressive arts offer a medium for adults to interact with children. More specifically, singing and chanting rhymes, jingles and songs together (p.41&42) are known to impact on development of self-identity and communication.

Observational data indicated that face:face interaction between the adult and child occurred most often (30%) during a song and dance activity where adults were prompted to face the child, look into their eyes and sing and move (Slow Dancing; second session, n= 9/30). To further impact on childhood development in communication and self-identity it could be worth increasing the number of activities, or prompts, that direct adults to interact face:face with children.

Baby Choir contributes to the conditions required for optimal brain development in vulnerable children at a time of rapid brain growth.

Evidence from the current evaluation indicates that Baby Choir is a program that is delivered in such a way that it not only reaches vulnerable children but promotes healthy brain development.

According to the Centre for Community Child Health at the Royal Children's Hospital (AEDC, 2014), 0-3 years of age is a period of "rapid" brain development which can be "fostered by relationships with caregivers and supported by optimal community environments for families and children." These conditions can ameliorate stress in children related to disadvantage and/or trauma. Prolonged stress of this type negatively interferes with brain development.

Evidence from the current evaluation demonstrates that Baby Choir provides the conditions for positive brain development in vulnerable children. Structured observations and survey responses demonstrated that positive adult, child interactions were an outcome from Baby Choir. The *Early Years Framework* (2009) supports the use of singing, movement and dance as a way to promote engagement between adults and children. Certainly, these were the most frequent type of activities run during the program (see observational data).

It was apparent that the environment was safe and enjoyed by families. 73% of adults reported positive feelings about being at Baby Choir and the environment. For example, one respondent said it was “friendly, welcoming and relaxed” and another two said it was a “fun, easy going environment” and an “Environment for baby to have fun.” These positive feelings are in keeping with a similar theme of *relaxation and being calm* for both adults and children that was indicated by 27% of adults surveyed. 58% of families attended more than one session across one or more terms indicating that Baby Choir was an enjoyable experience and environment. 64% of adults surveyed described several behavioural indicators that demonstrated social connections and developmental outcomes for children. These outcomes suggest Baby Choir is a positive environment for children. Choir reaches vulnerable children by being conducted at Banyule Community Health, a service in West Heidelberg where families rank in the 95th percentile of dis/advantage (ABS, 2011).

Evidence indicates that Baby Choir increased social connections between adults from disadvantaged communities (Program logic).

A medium and short term aim of Baby Choir is that adults have regular and positive informal contact with each other, which in-turn, improves social and community connection. Researchers in public health, specifically the Social Determinants of Health, have long established that these conditions are essential for the physical health and wellbeing of adults and children (Aslund et al. 2010; Holt-Lunstad et al. 2010; Kelly et al. 2012; Wilkinson & Marmot, 2003[WHO]). These researchers have also found that social connections are typically poor in disadvantaged communities effectively compromising the resilience of individuals and communities. For these reasons, the location of Baby Choir in West Heidelberg and evidence of increased adult engagement take on a particular significance.

Choir is delivered at Banyule Community Health, a service in West Heidelberg where families rank in the 95th percentile of dis/advantage (ABS, 2011 SEIFA). Provision of a family program in this location maximises attendance by disadvantaged families.

Structured observations indicated that 39% of positive interactions during Baby Choir were between adults. The value of these interactions was reported by 45% of adults surveyed. For example, when asked what they thought were the best things about attending Baby Choir some adults said, “Being less shy and getting out,” “... social interaction,” “making new friends and getting out of the house” and “time with other parents.”

According to the nurses interviewed for the evaluation the structure and activities of Baby Choir provides opportunities for conversations to take place naturally. Singing and dancing meant the adult had something to do with the child and a shared experience to begin conversations with other adults. The nurses reported that other adult and child groups tended to be more structured with fewer opportunities for ‘free-style’ interactions. Similar views were reported by 27% of survey respondents who said that Baby Choir was different from other groups because it was more flexible and active.

Results demonstrate social connection and developmental outcomes for children.

64% (7/11) of adults surveyed described positive social connections and developmental outcomes for their child. It is perhaps worth considering all of the comments of this theme because they show a range of indicators of social connection and developmental outcomes for children. When asked about changes in themselves or their baby since attending Choir adults said:

- "Better social skills for my baby"
- "Smiling to strangers more"
- "Less shy of new people"
- "She looks, enjoys seeing other babies"
- "My daughter loves to sing and now feels comfortable enough to sing here."
- "My son's language [has improved] and my other son has come out of his shell and gained some independence."

In addition, one adult said "my baby interacts more with other babies here" compared to when she goes to other adult child groups.

According to the *Australian Early Years Learning Framework (2009)*, when children reach out to other children or respond positively to others they are showing that they feel "connected with, and contribute to their world" (p.25).

Nevertheless, the range of reported behaviours that suggested Baby Choir contributed to social connection and developmental outcomes for children are in direct contrast with findings from structured observations that little interaction took place between children.

Only 12% of positive interactions were between two or more children. Although it was never intended for observational data to stand alone as an indicator of connection between children, it was anticipated that results from the survey and formal observations would support each other.

There are, however, several plausible reasons for the difference between conclusions drawn from survey data compared to formal observational data. Limitations in observational data of interactions between children are as follows;

1. Several children were at an age where developmentally, social connection/interaction would be indicated in relatively subtle ways, eg. making eye contact, or tracking people's actions. Recorded observations are unreliable because interactions were only counted if they were more obvious; children physically reached out, verbalised or made clear facial expressions with each-other.
2. Data was further flawed because children typically played together in areas of the room that were not within view of the recording. As such, these actions were not counted.

Given the limitations of observational data of children's interactions with each other it would seem that it was not a valid indicator of social connection/interaction for the children who went to Baby Choir.

Nevertheless, interactions and connections do not take place in a vacuum. Although the *Early Years Framework (2009)* points to the need for child-to-child interaction it was not to the exclusion of engagement with adults. Adults surveyed for the current evaluation pointed out many behavioral changes that suggested children had improved social connections as a result of attending Baby Choir.

Findings take on a particular significance given that the children starting school in West Heidelberg were developmentally vulnerable at twice the rate of all Victorian children in the domains of social competence and emotional maturity. According to the *Australian Early Development Index* (AEDI, 2012) children starting school in West Heidelberg were vulnerable in each of these domains at 16.3% and 14.1% respectively.

Adults described improved coping skills as a result of attending Baby Choir.

64% of surveyed adults described how they coped in difficult situations, both before and after starting Baby Choir. All the adults who answered this question described responding in a “more calm” way since attending Baby Choir. For example, two respondents said the following;

- In a difficult situation, before going to Baby Choir, I would get “angry.” If I think of the same situation now, I would say that after attending Baby Choir, “I can lighten up easier.”
- In a difficult situation, before going to Baby Choir “I cried, I swear.” If I think of the same situation now, I would say that after attending Baby Choir, I would “Sing, dance, relax. Things that felt too tough I now know will go away.”

Adult’s self-report that they could cope in more positive ways since going to Baby Choir are in keeping with a theme of *Relaxation and Being Calm* that was evident throughout the survey. 27% of adults reported a similar sentiment as the two examples presented below:

“It makes me more calm; me and my baby have fun ... it also helps him to have a long nap ... it always energized me with positive thoughts and the whole day is happier” “

“so joyful and relaxing”

It would seem that people who regularly took part in Baby Choir positively engaged with service providers (Program Logic).

It could be argued that attendance at Baby Choir is indicative of a positive experience with facilitators and other service providers who regularly took part. Forty five families attended Baby Choir in 2014. 58% of families attended more than one session across one or more terms. The majority (69%) of these families attended for two or more terms which for the purposes of the evaluation is defined as regular attendance. From all families who went to Baby Choir more than once, 31% attended for one term, 35% attended two terms, 19% three terms and 15% went to all four terms.

Positive engagement with service providers was also apparent in the reports of Community Nurses interviewed for the current evaluation. They said that being at Baby Choir gave adults an opportunity to talk with health professionals about parenting and child development in an informal setting. This aspect is reflected in the comments of some adults who said they started going to Baby choir to “learn skills as a first time parent” and to learn “ideas for playtime with my baby.” According to the community nurses adults frequently used this informal opportunity to talk with them and it helped build adult’s trust in child health services.

It may also be worth noting that a certain degree of trust in health centre staff was demonstrated when clients consented to being filmed for the current evaluation. It would seem that people who regularly took part in Baby Choir positively engaged with service providers.

It is possible that the 42% of families who attended one session of Baby Choir were not engaged with service providers. Without further information from this group, however, this reason is purely speculative. In their interview, the community nurses said that they were not surprised that almost half of the people went to one session only. They said that the flexibility and active nature of Baby Choir was part of its success for some people, and conversely, was probably not suited to others. This explanation seems more plausible given that 27% of survey respondents said that Baby Choir was different from other groups because it was more flexible and active.

“This is different. No others do this. Other groups are so structured; no rules, open, express and bend”

In one sense positive engagement with service providers was also indicated by client attendance at other adult and child groups. On average survey respondents indicated that they attended three other groups with their children in addition to Baby Choir. This number excludes two adults who reported attending no other groups.

There was no evidence to suggest that attendance at Baby Choir increased participant’s use of other health services. According to the Community Nurses who take part in Baby Choir they tended not to receive referrals from the group for families to access their service. It was typical, however, for the nurses to refer their clients to attend Baby Choir.

It is apparent that clients who regularly attend Baby Choir accept support from services (Program logic)

Baby Choir is provided in West Heidelberg where families rank in the 95th percentile of dis/advantage (ABS, 2011). According to the community nurses interviewed for the current evaluation, they often worked with families in West Heidelberg who had negative experiences of children’s and/or health services. These experiences usually led to a lack of trust and acceptance of services. Regular attendance at Baby Choir, positive engagement with service providers and attendance at other adult and child groups are all suggestive of an acceptance of services by the target group.

It would seem the Performance and related Rehearsal sessions do not meet the needs of people who attend Baby Choir.

Ten families did not attend the Rehearsal in term 4 despite regular attendance for 2 or more terms (inclusive of term 4). Similarly, only 2 families attended the Performance.

A decrease in attendance at Baby Choir in Term 2 suggests attendance be monitored in 2015, particularly in the month of May.

Families were least likely to attend Term 2 with attendance at 0 – 2 families across 4 sessions in May 2014. 15 families in total attended in Term 2. According to BCH Community Nurses, poor weather may have caused the drop in attendance because more appointments are cancelled in the winter months.

A review of whether it is efficient to use resources during this time period needs to be balanced against the benefits of regular availability of Baby Choir for disadvantaged families. Social and community development workers, experienced in empowering disadvantaged communities, would argue that Baby Choir be consistently available to maintain community trust and security of the informal ‘drop in’ approach.

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Literature review of research that supports -

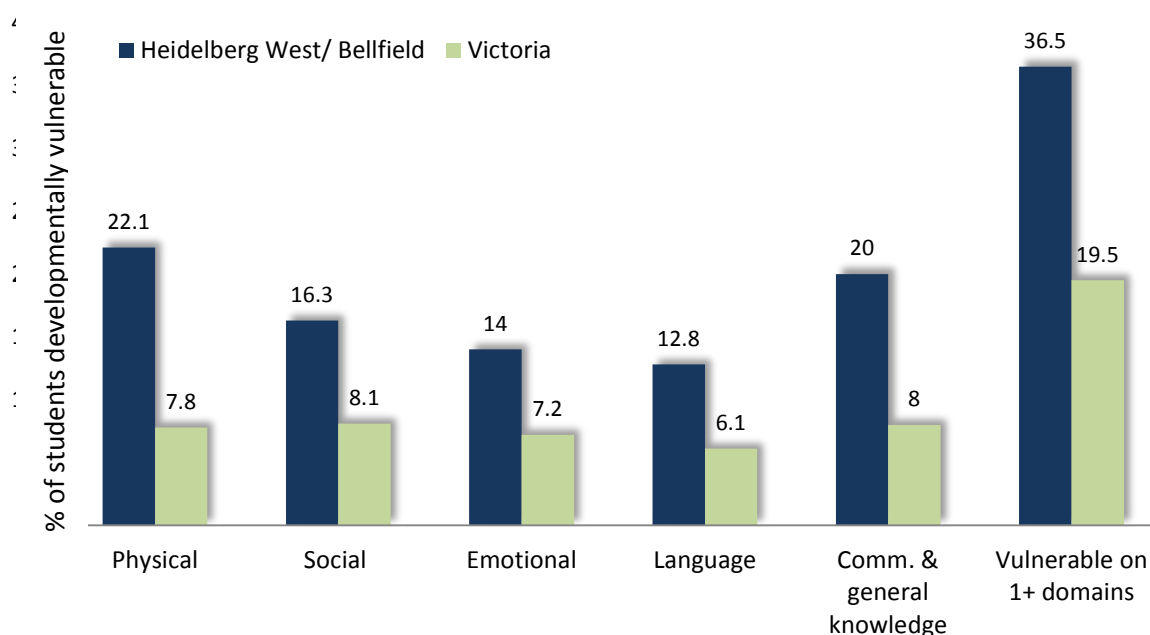
- aims and objectives of Baby Choir.
- the arts as a method for social connection & childhood development.
- evaluation questions and conclusions.

Although Banyule is ranked as the 13th most advantaged area in Victoria (SEIFA) some suburbs, such as ***West Heidelberg, are in the 95th percentile of advantage/disadvantage.*** (ABS, 2011).

The Australian Early Development Index (AEDI, 2012) measures children's development when they start school. Information is collected by teachers in five domains; physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and communication skills and general knowledge.

2012 AEDI data showed that children living in the most socio-economically disadvantaged Australian communities were twice as likely to be developmentally vulnerable in one or more, and two or more, domains compared to children in least disadvantaged communities. As a disadvantaged suburb, it is perhaps not surprising that similar figures were reported in West-Heidelberg compared to Victoria overall. ***36.5% of children living in West Heidelberg were vulnerable in one or more domains*** compared to 19.5% of children in Victoria. Developmental vulnerability amongst these children was notable at 16.3% and 14.1% in the areas of social competence and emotional maturity respectively. These figures are double that of all Victorian children who were considered vulnerable in both of these domains.

The graph below presents the ***percentage of all children starting school who are defined as developmentally vulnerable in West Heidelberg/Belfield compared to Victoria (i.e. scores ranked in the lowest 10%).*** Children are defined as particularly high-risk developmentally if their score indicates vulnerability on one or more domains.



Early years in public health is supported by the *National Preventative Health Taskforce (2009)* and the *Victorian Public Health & Wellbeing Plan 2011-15*.

Socio-economic disadvantage and social connection

There is evidence to suggest that ***socio-economic disadvantage compromises the community and social connections that contribute to community cohesion.***

The Social Determinants of Health (Wilkinson & Marmot, 2003) attribute social and community connection to income, family situation, health, crime, culture and the built environment, amongst other factors (Kelly et al. 2012). From a social, economic and political perspective, researchers have argued that social connection is important to a resilient community and is necessary to “establish mutual expectations [with others] and trust that are the foundation for economic exchange and a healthy democracy” (Aslund, Starrin & Nilsson, 2010; Kelly et al. 2012, p.6).

Health and social connection

It is apparent that social isolation can have a negative effect on an individual’s health.

Social exclusion and stress, in addition to low socioeconomic conditions are recognised for the significant negative impact on health outcomes (WHO, Wilkinson & Marmot, 2003). In a study of Swedish adolescents, Aslund, Starrin & Nilsson (2010) found that low community social capital and low individual social trust were associated with higher rates of depression, psychosomatic symptoms and musculoskeletal pain. In a review of 148 studies about the links between social isolation and mortality, ***Holt-Lunstad et al. (2010) concluded that there was an equal risk of mortality as a result of social isolation as there is for smoking and alcohol consumption. Further evidence suggested that poor social connection posed an even greater risk to mortality than physical inactivity and obesity.*** It was concluded that people with stronger relationships had a 50% increased likelihood of survival than those with weaker social relationships (Holt-Lunstad et al., 2010; Kelly et al., 2012).

Socio-economic disadvantage is related to social isolation which impacts on a person’s health. People living in West Heidelberg are considered disadvantaged and although there are health implications for adults, the needs of children warrant equal attention.

Health promotion

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

Health promotion is a practical approach to achieving greater equity in health. A major tenant is creating supportive environments.

Banyule Community Health

Banyule Community Health (BCH) is a stand-alone community health service that works with people in Banyule and surrounding areas from centres in West Heidelberg and Greensborough, and multiple community based out-postings. Established in 1975 in the West Heidelberg Olympic Village, BCH has a strong culture of connecting with the diverse local community who are valued contributors at all levels of the organisation. With an operating budget of \$13 million, 170 staff and over 60 volunteers,

BCH is committed to addressing the Social Determinants of Health and provides services across the continuum of care; including health promotion, counselling, gambler's health, mental health nursing, dental, medical, allied health services and aboriginal health. In the last 12 months BCH had 13,800 registered clients.

Two BCH staff each hold a joint Community Midwife and Maternal & Child Health position. In partnership with Banyule Council the joint positions meet the needs of women who typically disengage with health services after they have left hospital with their new baby.

Belonging, Being & Becoming. The Early Years Learning Framework for Australia (2009)

Department of Education & Training for COAG

When children reach out to other children or respond positively to others they are showing that they feel "connected with, and contribute to their world" (p.25).

Baby Choir is based on evidence that music, singing, rhyming and movement bring about positive engagement between adults and children for effective childhood development.

Wellbeing is correlated with resilience, providing children with the capacity to cope with day-to-day stress and challenges. (2, p30)

The creative and expressive arts offer a medium for adults to interact with children. More specifically, singing and chanting rhymes, jingles and songs together (p.41&42) are known to impact on development of self-identity and communication.

"Children's learning is dynamic, complex and holistic. Physical, social, emotional, personal, spiritual, creative, cognitive and linguistic aspects of learning are all intricately interwoven and interrelated." (2 page 9)

Five learning outcomes that are broad and observable (2, p.19)

Achieving these outcomes is influenced by a "child's current capabilities, dispositions and learning preferences." "engagement with each child's family and community" (2, p19).

Brain Development in Children AEDC (2014)

1. Ages 0-3years are a "rapid period of brain development which can be fostered by
 - relationships with caregivers
 - Supported by optimal community environments for families and children
2. Ages 0-3 are where brain development is vulnerable to long lasting stress (depending on the length of time and number of stressors on the child).

Socio-economic disadvantage, amongst other factors, such as family violence, cause long lasting stress to children. Such stress can interfere with "brain development and lead to life-long problems in learning, behavior and both physical and mental health."

"Caring and positive relationships are essential to ensure stress levels promote resilience for babies and children."

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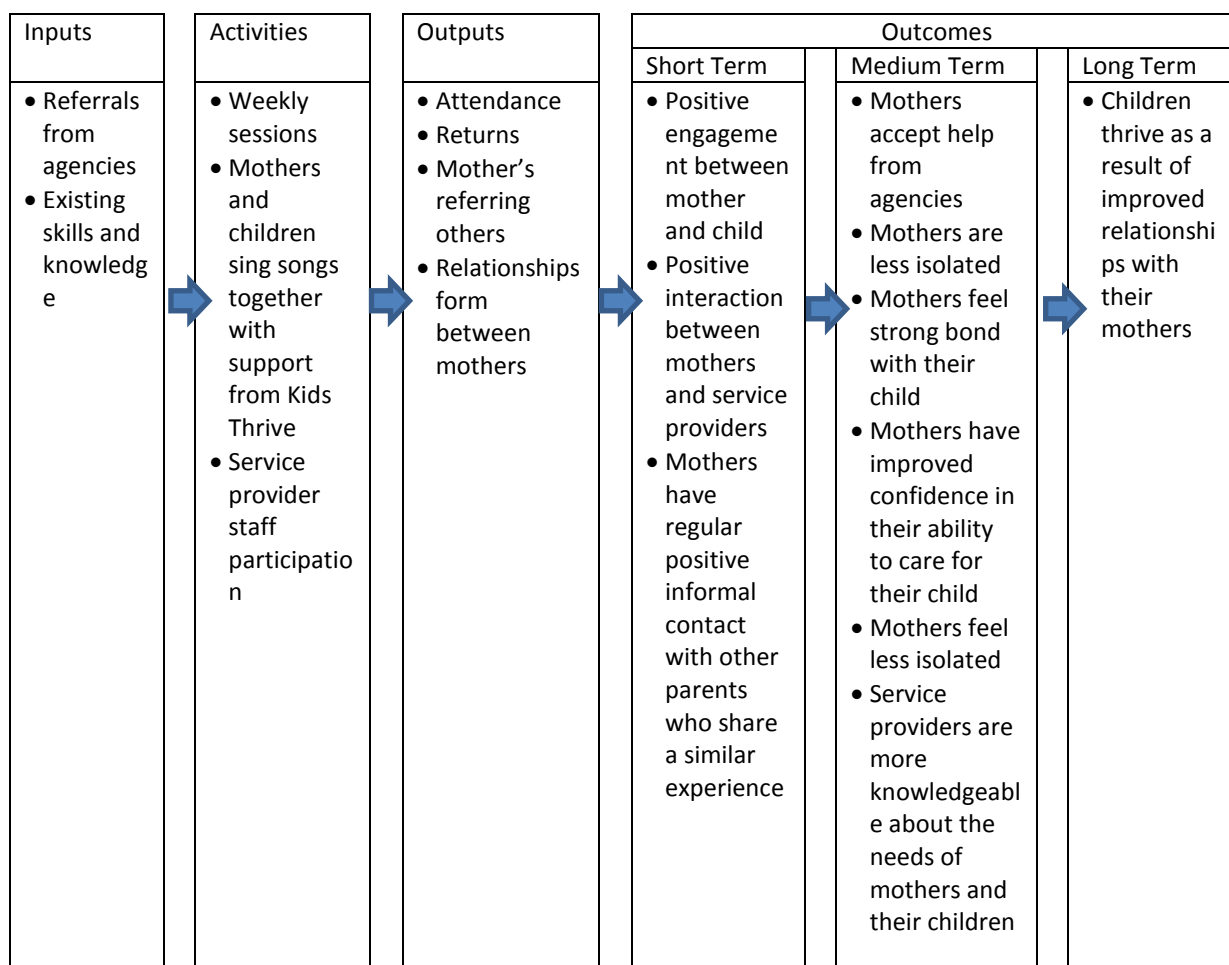
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Kids Thrive Baby Choir – Project Logic – First Draft



Attendance – count & %

Forty five families attended Baby Choir in 2014.

58% of families attended Baby Choir over one or more terms and 42% attended for one session only.

Of the 45 families that attended baby choir in 2014 -

- 18% (8/45) attended one term only.
- 40% (18/45) attended for two or more terms.
- 42% (19) of all families attended for one session only, with most of this group (74%) attending in Term 1 (7/19) or Term 3 (7/19).

58% (26/45) attended for one or more terms. From these ...

- 31% (8/26) attended for 1 term
- 35% (9/26) attended for 2 terms
- 19% (5/26) attended for 3 terms
- 15% (4/26) attended 4 terms

69% (18/26) attended two or more terms.

Attendance – across terms

15 Families attended in Term 2

Families were least likely to attend Term 2 with attendance at 0 – 2 families across 4 sessions in May 2014.

- None of the families that went to Baby Choir for one term attended in Term 2.
- The majority of families that went to one session attended in either Term One (37%) or Three (37%)

Investigation of family attendance at the 8 sessions of Term 2 demonstrated that from the 15 families ...

- 67% (10) of families went to one session
- 20% (3) of families went to two sessions
- 6.5% (1) of families went to four sessions
- 6.5% (1) of families went to six session

Although a similar number of families only attended one or two sessions in Terms 1, 2 and 3, their absence in terms 1 and 3 were offset by a larger overall family attendance. Attendance numbers for Term 2 are presented in the table below.

Session Date	Number attending
29 April	6 families
6 May	2 families
13 May	1 family
20 May	0 families
27 May	1 family
3 June	3 families
10 June	5 families
17 June	8 families

Looking across terms it could be argued that attendance was equally low in Term 4 as it was in Term 2. There were, however, only two sessions (excluding the rehearsal and performance) in Term 4 which makes comparison with other terms of 6-8 sessions, problematic.

Attendance Data 2014

Term	Workshops count	Workshop dates 2014	Total adults	Total children	Total families
Term 1 Feb - March	6	18 th , 25 th February; 11 th , 18 th , 25 th March	23	25	22
Term 2 April - June	7	29 th April, 6 th , 13 th , 20 th , 27 th May, 3 rd , 10 th June	17	19	15
Term 3 July- Sept	8	22 nd , 29 th July, 5 th , 12 th , 19 th , 26 th August, 2 nd , 9 th September	31	33	27
Term 4	2	7 th , 14 th October	16	21	13
Rehersal		21 October	0	0	0
Performance		22 October	2	3	2

Ten families did not attend the Rehersal in term 4 despite regular attendance for 2 or more terms (inclusive of term 4). Similarly, only 2 families attended the Performance. It would seem the Performance and related Rehersal do not meet the needs of people who attend Baby Choir.

Family number	Adult name	Child Name	Attendance
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ATTENDED One Term only

12	Leila	Shervin	Attend T1 x 4/6 sessions
13	Rachel	Lucy	Attend T1 x 6/6 sessions

23	Naomi	Oliver & Ethan	Attended T3x3
24	Prada	Parisa	Attended T3 x 7/8 sessions
25	Sharelle	Xavier	Attended T3x 3/8 sessions
21	?	Alisa	Attended T3 x 3 sessions
26	Sarah	Nathan	Attended T3x 4/8 sessions

18	Maryam	Daniel	Attended T4 x 2/2 sessions
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ATTENDED Two or more terms

2	Najmeh	Nadia	Attend T1,3,4 (not 2)
3	Leonore	Alessandro	Attend T1 and 2
4	Emily B	Ishe & newbie	Attend T1 and 4 (T4 with newbie)
7	Christine	Nicholas	Attend T2 and 3
8	Jessie	Gus	Attend T1,2,3 (not 4)
9	Laura	Finlay	Attend T1 and 3
10	Kellie	Isabella	Attend T1,2,3
11	Madison	Indianah	Attend T1,2,3
15	Michelle	Rosie	Attend T1,2
17	Anna T	Isabella	Attended T1,2 & 4 (T4 with newbie)
14	Trang	Xuan	Attend T 3,4
19	Leesa and Wendy	X3	Attended T3,4
20	Esmat	Ryan	Attended T3,4
22	Adam	Isabella	Attended T1, 2

ATTENDED four terms

16	Jean	James & Anthony	4
5	Irene S. & dad	Zachery	4
6	Marketa R	Thomas	4
1	Amos & Lowanna	Waru & Piltenggi	4

ATTENDED One SESSION only

A	Caitlin	Jordan	T1 x1
B	Fatima	Mohammad	T1 x1
C	Felicity	Rosalie	T1 x1
D	Romina	May	T1 x 1
E	Karen	Anson & Anna	T1 x 1
F	Jess	Alison	T1 x1
G	Janelle	Alice	T1 x1

H	Sally	Hunter	T2x1
I	Emma	Indie & Ruby	T2x1
J	Ellie	Daniel	T2x1

M	Aimee	Leon	T3x1
N	Azadeh	One child	T3x1
O	Kerry	Hannah	T3x1
P	Firoozeh	?	T3x1
Q	Narelle	Archie & Bonnie	T3x1
R	Narjes	Parnian	T3x1
S	Nicki	?	T3x1

K	Mary	Siva	T4x1 (out of 2 sessions)
L	Nellie	Ava & Arissa	T4x1

Survey Results

11 adults responded to the survey distributed during afternoon tea time at Baby Choir 2.9.14

Responses indicated the following **themes**

- Time that the adult had with their child
- Social connections made between adults
- Social connections and developmental outcomes for children
- Improvement in adult coping skills
- Positive feelings, relaxation and being calm

36% (4/11) of surveyed adults said that the best thing about Choir was the time that they had with their child.

- "I can just have fun with my kids"
- We have "time together"
- "both kids share me"
- Best things about coming to Baby choir are "family time"

45% (5/11) of surveyed adults said that the best thing about going to Baby Choir was the *social connections* made with other adults.

They said that the best thing about going to Baby choir was:

- "Being less shy and getting out"
- "music and social interaction"
- "family time and friends"
- "making new friends and getting out of the house"
- "time with other parents."

64% (7/11) of adults surveyed described positive social connections and developmental outcomes for their child. When asked about changes in themselves or their baby since attending Choir adults said:

- "Better social skills for my baby"
- "Smiling to strangers more"
- "Less shy of new people"
- "She looks, enjoys seeing other babies"
- "My daughter loves to sing and now feels comfortable enough to sing here."
- "My son's language [has improved] and my other son has come out of his shell and gained some independence."

In addition, one adult said "my baby interacts more with other babies here" compared to when she goes to other adult child groups.

Adults described improved coping skills as a result of attending Baby Choir.

64% of surveyed adults described how they coped in difficult situations, both before and after starting Baby Choir.

All surveyed adults who reported how they coped in difficult situations described responding in a “more calm” way since attending Baby Choir.

Survey Question: Think about a difficult situation you were in before coming to Baby choir. You don’t have to say what the situation was.

<i>In a few words describe how you handled the situation?</i>	<i>In a few words describe how you would handle the same situation now?</i>
Got upset	More calm
Perhaps a few tears	Perhaps a few more laughs now
I cried, I swear.	Sing, dance, relax. Things that felt too tough I now know will go away.
Selfishly and negatively	In a positive, healing more understanding
Got upset	Still upset but calmer
Put him in ‘time out’	‘Deep breath’ and calm down
Got angry	I can lighten up easier

27% of adults reported a similar theme of *relaxation and being calm* for both themselves and/or their child.

- “It makes me more calm; me and my baby have fun ... it also helps him to have a long nap ... it always energized me with positive thoughts and the whole day is happier”
- “More relaxed when she goes home, she sleeps when we go home and more sleeps [sic.] during the day” ... the best thing about Baby choir is that it’s “so joyful and relaxing.”
- Baby Choir is different from other adult and child groups because it is “friendly, welcoming and relaxed.”

73% (8/11) of adults surveyed reported *positive feelings* about being at Baby Choir and the environment.

- “friendly, welcoming and relaxed”
- “I enjoy this a lot. Wouldn’t change anything”
- “It’s non judgemental”
- “so joyful and relaxing”
- “It always energized me with positive thoughts and the whole day is happier”
- “re-energising the spirit”
- “Environment for baby to have fun and learn with other people”
- “fun, easy going environment”
- “It’s the one thing in my week that I really look forward to – wouldn’t miss it for the world”

On average adults said that they attended 3 other adult, child groups in addition to Baby Choir. This figure excludes two adults who reported that they did not attend any groups other than Baby Choir.

27% survey respondents (3/11) indicated that Baby Choir was different from other groups because it was more flexible and active.

- “This is different. No others do this. Other groups are so structured; no rules, open, express and bend” [sic.]
- “Baby choir is a lot more flexible” and “my son needs space to move. Containment and long activities [as is done in other groups] are challenging.”
- It’s non-judgemental and active for kids and parents as well.

Provision of Baby Choir in a disadvantaged community of West Heidelberg

Choir is purposely delivered at Banyule Community Health, a service hub in West Heidelberg where families rank in the 95th percentile of dis/advantage. Provision of a family program in this location maximises attendance by disadvantaged families who typically have poor social and community connections.

Structured Observations

Interval recording that measured frequency of three types of interaction.

1. Adult/child, specifically face:face
2. Adult/adult
3. Child/child

Indicators	Rationale for selection of indicators
Adult/child; specifically face:face	<ul style="list-style-type: none"> • Relationships between adults and children are known to build a child’s sense of identity and communication skills (<i>Aust. Early Years Framework, 2009</i>) and contribute to healthy brain development at a time of rapid growth (ages 0-3 years) (<i>AEDC, 2012</i>). • Community nurses interviewed said that this interaction is what they would expect to see as an indicator that Baby Choir was addressing social connection and adult/child relationships. Specifically, face:face interaction. • Ages 0-3years are a “rapid period of brain development which can be fostered by relationships with caregivers.” Socio-economic disadvantage, amongst other factors, such as family violence, cause long lasting stress to children. Such stress can interfere with “brain development and lead to life-long problems in learning, behavior and both physical and mental health.” “Caring and positive relationships are essential to ensure stress levels promote resilience for babies and children.” (<i>AEDC, 2014 Brain Development in Children</i>). • Triangulate data = Collect information using more than one method to increase strength of findings. 36% (4/11) of surveyed adults said that the best thing about Choir was the time that they had with their child. • Baby Choir Program Logic indicator
Adult/adult talking	<ul style="list-style-type: none"> • Adults talking to each-other and moving and singing with the music are role models that contribute to a child’s developing sense of identity (<i>Aust. Early Years Framework</i>). • Community nurses said that this interaction is what they would expect to see as an indicator that Baby Choir was improving social connections and resilience of adults. • Triangulate data = Collect information using more than one method to increase strength of findings. Survey findings that 45% (5/11) of adults said the best thing about going to Baby Choir was the <i>social connections</i> made with other adults. • Baby Choir Program Logic indicator
Child/child	<ul style="list-style-type: none"> • When children reach out to other children or respond positively to others they are showing that they feel “connected with, and contribute to their world” (<i>Aust. Early Years Framework, p.25</i>). • Community nurses interviewed said the behaviours in children that they would expect to see in Baby Choir were (1) Children watching, tracking and responding to adults/children, (2) Change in facial expressions of baby to show happiness/responding; illustrating a connection (3) Look for if child involved in group or is playing somewhere else? • Triangulate data = Collect information using more than one method to increase strength of findings. 64% (7/11) of surveyed adults described <i>positive social connections and developmental outcomes for their child</i>.

Data Collection

Two Baby Choir sessions were videoed. 7th and 14th October 2014

At five minute intervals 15 seconds of footage were observed for (a) the total number of behaviours and (b) the total number of interactions for the three variables. This method meant a percentage of interactions could be calculated.

A behavior was defined as what people were doing at the time. For example, if three adults were talking it was recorded as one behavior and one adult/adult interaction. An adult holding a child was counted as one behavior with no interactions recorded, unless they were looking at each other face:face. Should the adult or child change what they were doing in the 15 second interval then what they did next was counted as a separate behavior. In one 15 minute interval some people engaged in the same behavior and others changed several times. Data analysis focused on the total number of behaviours and not the number of individuals or how many actions each carried out.

Only behaviours that could be clearly seen were counted. For example, there may have been 20 people in the room but 16 behaviours observed during one 15 second interval.

Results

A total of 145 behaviors were analysed during twenty one observations of 15 seconds. A sufficient sample was determined by the number of behaviours observed and not the length of time. The evaluation was concerned with the frequency of interactions and 145 counts of behavior across two sessions was thought to be representative. It is of no consequence that only 5 minutes and 15 seconds of two one hour sessions were analysed because duration of behaviours was of no interest.

- 70% (101/145) of actions carried out by families in Baby Choir supported positive childhood development.
- 49.5% (50/101) of observations were face:face interaction between an adult and child.
- 38.6% (39/101) of observed interactions were of an adult talking with another adult.
- 12% (12/101) of observations were interactions of a child with another child.

Observational Data 7th October 2014

Observation time minutes.seconds	Behaviours observed: count	Session Activity	Adult/child Face:face	Adult/Adult talking	Child/Child	Total observed interactions % (n)
2.00-2.15	7	Standing in circle singing 'Hello, Hello'	4	0	0	57% (4/7)
7.00-7.15	10	Sitting in circle Seated and 'clap, clap [name]'	1	3	0	40% (4/10)
12.00-12.15	7	Sitting in circle singing 'grows a little each day'	3	0	0	43% (3/7)
17.30-17.45	6	Getting mats out to lay down	2	2	0	67% (4/6)
22.45-23.00	6	Laying down and spoken relaxation (breathing)	2	0	0	33% (2/6)
28.00-28.15	5	Packing up mats	1	1	0	40% (2)
33.30-33.45	6	Standing and Spanish song	1	1	3	83% (5)
38.45-39.00	5	Standing singing 'See ya later matey'	3	2	0	100% (5)
43.45-44.00	4	Packing up to go home	3	1	0	100% (4)
2 min 15 secs	56		20	10	3	60% (33)

Observational Data 14th October 2014

Observation time minutes.seconds	Behaviours observed: count	Session Activity	Adult/child Face:face	Adult/Adult talking	Child/Child	% (n) per 15 seconds
0.15-0.30	8	Standing in circle, about to start 'Hello, Hello' (first) song	1	3	0	50% (4)
5.30 - 5.45	9	Seated and started 'clap, clap [name]' in a circle.	1	4	2	78% (7)
10.45-11.00	8	Sitting in circle singing 'grows a little each day'	2	1	1	(4)
16.00-16.15	8	Standing in circle, singing Spanish Song.	4	1	0	62% (5)

21.15-21.30	8	Free time	3	4	1	100% (8)
26.30-26.45	10	Lying on pillows, facilitator singing 'In the jungle ..'	3	0	1	40% (4)
30.45-31.00	11	Some sitting on floor others standing and 'dipping' baby to facilitator singing 'Slow dancing'	9	2	0	100% (11)
36.00-36.15	7	Free time, morning tea	2	5	0	100% (7)
41.15-41.30	7	Free time, morning tea (fewer people on screen)	3	2	2	100% (7)
46.00-46.15	6	With bags and packing to go (fewer people on screen)	2	1	2	83% (5)
51.00-51.15	3	With bags and packing to go	0	3	0	100% (3)
56.00-56.15	4	With bags, last few to leave	0	3	0	75% (3)
3 min	89		30	29		76% (68)

Totals

Observation time minutes.seconds	Behaviours observed: count	Session Activity	Adult/child Face:face	Adult/Adult talking	Child/Child	% (n)
5 min 15 sec	145		50	39	12	70% (101/145)

Behaviours would expect to see in choir are: Babies watching, tracking and responding to adults/children. With babies would expect face:face with adult. Andrea often says 'with your babies facing you' and this doesn't always happen. Or adults think the child should face Andrea to take part, so face;face with adult is important. However, important to note that sometimes child is distracted about other things that are going on which can impact on face:face time.

- Change in facial expressions of baby to show happiness/responding; illustrating a connection.
- Check if child involved in group or is playing somewhere else?
- Look for mums interacting with other mums, this is very important.
- You will see on some video that I stand behind the mum's and look at the babies and get close to their faces and get them to open their eyes wider and engage more.

Comments:

There is enormous value in a parent seeing another adult interact positively with their child. Often these parents can be embarrassed by their child's behavior or have experienced more negative feedback than positive. Another parent might say 'oh look another tooth coming through isn't she gorgeous' and it can start a whole positive conversation which is something not all parent experience a lot.

Having the signing and dancing means the parent has something to do with the child and conversations can start more naturally. If you are talking to no one it is not noticeable because of the singing and dancing. Other group like play steps etc will have parents and children sitting in a circle and turning to the person next to them and saying something – this can become awkward and place a great deal of pressure on parents if they are not confident. It is also an environment where a child playing up is noticeable because of the structured environment. Such behavior is not as noticeable in choir because it is an active space.

Andrea would draw different cultures out very well. An ATSI family did some traditional dancing as did some Farsi parents.

One disadvantaged family in particular, the child was developmentally behind but over time progressed in leaps and bounds. Other adults in the group were happy about the progress with the parent and it lead to further positive adult and parenting interactions.

The progress for this child was so marked that his physiotherapist, speech therapist and Social Worker from Specialist Children's Services have noticed and have asked to attend Choir to see how it is run and what happens there to have brought about such progress.

One child attended and screamed the whole time. They missed a couple of sessions and then came a second time and the child screamed but not as long, presume felt safer.

Mix would be about half and half people from WH, socio-economically disadvantaged and people from more affluent area who are not socio-economically disadvantaged but who were vulnerable at the time. The mix is great because more advantaged model positive parenting etc to others and disadvantaged

S&E refer clients *in* to Baby Choir and do not receive referrals *from* Choir. Nevertheless, they do a great deal of informal M&CH work through conversation and people often stay behind and talk with them after choir.

S&E not surprised that about half of people attended Baby choir only once. It's not for everyone and can be quite chaotic and loud and some people don't like this. We let all clients we see know about it and some come and try it and others don't. It's part of the suite of services that we offer clients when they come and see us.

Some mum's stay and chat in the café area after choir.

For some women it provides some 'normal' time away because their respective partners are significantly ill.

Baby Choir Survey Responses – Raw data

Collected at end of choir session 2.9.14

- We want to find out if coming to Baby Choir is helpful for you and your child.
 - Information will only be used for evaluation.
 - No one will know who you are or the answers you gave.
 - You do not have to answer any of these questions if you don't want to.
-

What did you hope to get from Baby Choir when you came for the first time?

1. To have fun
2. Fun and entertainment for kids
3. A beginning for my son to appreciate music
4. Not hoping anything
5. Skills for being a first time parent
6. Ideas for playtime with my baby
7. Fun and good for my baby
8. Fun structured activity
9. Just for my daughter to be around more music and children
10. An activity to do with the boys. Music is important in our family but is always to mature in our household.
11. Active fun

Please describe any changes that you and your baby have experienced as a result of coming to Baby Choir?

1. It makes me more calm; me and my baby have fun but also learned about rhythm connection with music. It also helps him to have a long nap
2. –
3. We get out of the house every Tuesday. He is now dancing of his own accord
4. More relaxed when she goes home, she sleeps when we go home and more sleeps during the day. She repeats after me.
5. The growth of babies into young children and their developmental changes
6. Better social skills for my baby
7. Smiling to strangers more
8. Less shy of new people
9. My daughter loves to sing & now feels comfortable enough to sing here
10. My son is actually starting to sing at home. His language have gottne much more evolved. Other son has come out of his shell and gained some independence.
11. I can just have fun with my kids

Please list other groups that you have taken your child to? E.g., playgroup, Mini Maestros, reading at the library etc

1. Library – story time + baby gym
2. Library + Baby gym + Minimaestros
3. Playgroup every week + sampling mini maestros + about to do Mini Kelly sports + library but not for a long time
4. Playgroup + play steps + mum's wellbeing
5. Aboriginal dance + cultural class group
6. Library + Playgroup + swimming + baby gym
7. None
8. Playgroup + library story time + Mini Maestros + mother's group
9. Mother's / Playgroup + swimming
10. Non regularly because my son needs space to move. Containment and long activities are challenging.
11. Playgroup

Please describe any differences you think there are between Baby Choir and these other groups?

1. My baby interacts more with other babies here
2. Friendly, welcoming and relaxed
3. There is no Andrea at the others! Her experience is addictive
4. This is different. No others do this. Other groups are so structured; no rules, open, express and bend
5. A diverse age group; Babies adults, children & teenagers
6. –
7. –
8. Different new people each week
9. I enjoy this a lot. Wouldn't change anything
10. Baby choir is a lot more flexible
11. It's non judgmental + active for kids and parents as well

