

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



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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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