

Indigenous child care – leading the way (free full-text available)

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We believe that the Australian early childhood sector is not performing well. The incidence of poor outcomes for children is increasing, and we believe that current service delivery is not capable of addressing this. We argue that, as a sector, there is an abundance of evidence of the kinds of programs and initiatives that could address our national concerns, and review some of that evidence. We also point out that there is considerable knowledge in Australia, based on Australian programmes and experience, that can be used to build a different early childhood sector with the potential to significantly impact on growing disadvantage. We conclude with the principles or themes around which such initiatives should be developed and a call to advocate for the development of such services. Appropriate services supporting all of our young children, their families and their communities, have the potential to make a huge impact on our society, and we can no longer hide from our responsibilities and avoid providing such services.

We are not doing well

Early childhood services in Australia are fragmented and operate from a range of jurisdictions (Press & Hayes, 2001). Some children attend out-of-home services such as child care. These children tend to be children of parents who are either in employment or who are preparing for employment through education and/or training. Other children (from three – five years) attend kindergartens or preschools. These may be sessional or part-time, and at least one parent of each of the children attending these services may not be in employment. Another type of service available to young children with at least one parent not in employment is playgroups. In some areas there may be family support services available to enhance the quality of parenting and consequently support improvements in child outcomes. Generally, these services tend to operate in areas targeted as at-risk or be specifically directed towards those families identified as at-risk.

There is increasing concern about escalating poor outcomes for children across the developed world, and it appears outcomes for Australian children are no better.

– in spite of increasing economic prosperity and 'globalisation' enabling greater access to opportunities, many key indicators of the health, development and wellbeing of their children and youth are not improving and many are worsening. And the social gradients (we call them inequalities) – the differences in outcomes between the advantaged and disadvantaged groups in the population – are actually growing larger, not smaller as promised (Stanley, Prior & Richardson, 2005, p. 2).

Clearly, current systems are not effective; we need to rethink what is offered to children and their families. Neurobiological research (Mustard, 2005; Shonkoff & Phillips, 2000) indicates that the most effective changes arise from interventions in the early years. Economic analyses support this. For example, Heckman (2006) suggests that we can

obtain an eight-fold return on our investment for interventions in the early years compared to a three-fold return on investments in the school years. Therefore it would be timely to critically analyse the services we offer in the early years, especially if we wish to improve outcomes for children, their families and our society.

We do not believe we can effect the magnitude of change we need in outcomes by trying to improve a flawed system. Tinkering with qualifications, with standards of accreditation and with funding to enable us to improve what we already do will not make sufficient change to impact significantly on our future as a nation. We need to rethink the services we offer, we need to recommit to improving the lives of all Australian young children and their families, and we need to advocate for the resources to make the substantial changes required.

We do not need to think about these changes in a vacuum. There is ample evidence from research overseas about the sorts of programs and initiatives that work. There is also ample evidence from within our own country about the kinds of things we can do to make a difference. In this paper we present this evidence as well as our own vision of a possible future for early childhood in Australia.

The international evidence

The international evidence is compelling. People such as Fraser Mustard have played a significant role in presenting that evidence. The original McCain and Mustard report (1999) was responsible for providing evidence regarding the importance of the early years which helped shape the direction of Canadian government policy over successive years. The recent release of their second report (McCain, Mustard & Shanker, 2007) provides a summary of the research evidence from those years. Early childhood services in Canada under the leadership of Fraser Mustard have developed an integrated approach typified by early childhood and parenting centres. A range of services is offered in these centres, aimed at a holistic approach in working with local children and families. Early childhood and parenting centres typically offer opportunities for children to engage in problem-based play. These opportunities can be offered in full-year full-day care programs. Alternatively, children can attend sessional or part-time programs or playgroups. Care may be casual or regular, and respite options are also available.

Parent-support components of the program begin during pregnancy. Birthing classes and information on pregnancy and child development are offered in a range of ways to meet the needs of local families. Information continues to be available to parents as their child grows, following a 'just in time' approach (McCain et al., 2007, p.134). This ensures that parents get the support they need when they need it and are not overwhelmed by information at other times. Supports range from formal to informal, from individual to group, and from centre-based to in-home. The focus is on building trusting relationships between parents and centre staff in order to tailor services to best meet families' needs. Part of the package includes nutritional information and supplements for pregnant women and families with young children. Centres provide opportunities for parents to learn how to create nutritious meals, and food can be taken home when it is required. Services offered through the centres are available to all families and are optional and affordable. Emphasis is placed on ensuring that services are inclusive, meeting the needs of families from diverse backgrounds and with a range of different needs.

Alongside these developments in mainstream early childhood services in Canada are parallel developments in early childhood indigenous services. As in Australia, indigenous children in Canada were forcibly separated from their families and communities, with similar long-term negative consequences. Indigenous-specific early childhood programs were first offered on reserves but were later expanded to indigenous families living in urban areas. These services offer a holistic approach to service delivery, assisting families through parent education and support as well as early childhood education and training. A unique feature of the First Nations initiatives was the involvement of community members, elders especially, in the generative curriculum—a curriculum development process that valued and actively sought indigenous ways of knowing and transmitting knowledge (Assembly of First Nations, 2005; Ball, 2006; Ball & Pence, 2001; Prochner, 2004). McCain, Mustard and Shanker (2007, p. 125) argue that mainstream services can learn a lot from the hub model used in Canadian indigenous services. They point out that integrated services such as these are no more expensive to run than separate services, and the outcomes for children, families and communities are much improved.

In other countries, integrated services are also found to result in more positive outcomes, particularly when there is a link between the early childhood services provided and community development initiatives (Sheikh & Afzal, 2003). As far back as the 1990s, Myers (1992) reports on a range of programs where community development efforts focused on working with young children and their mothers. In India, for example, provision of additional food, monitoring of child health and preschool for young children, and support and education for mothers were found to result in a decrease in child mortality and better child school performance at minimal cost to the government.

Australian experience

This concept of integrated early childhood services is beginning to be implemented in Australia. The Council of Australian Governments has highlighted early childhood services in its Human capital agenda, one of the three key planks of the New National Reform Agenda Policy Framework (2007). Arising out of this, a number of Australian jurisdictions have identified the concept of an early childhood centre operating as a hub as an important strategy in working towards these national goals. In the hub model other services, like spokes in a wheel, offer their own unique support, connected through the central childcare core. For example, in South Australia five Learning Together Centres offer families the opportunity to receive home visits, to participate in a literacy program and to attend facilitated playgroups (see <http://www.decs.sa.gov.au/families/pages/familysupport/24513/>). The Queensland Child Care Strategic Plan 2000–2005 introduces the concept of a childcare and family support hub.

As well as child care, hubs offer a range of other services relevant to family needs. These may include child health programs, family support and parent education (see <http://www.communities.qld.gov.au/childcare/hub/>). Victoria has 40 new children's centres planned over the next four years that will combine kindergarten, child care and child health services, co-located with schools (Council of Australian Governments, 2007). The Australian Capital Territory also has child and family centre hubs—these combine child and maternal health, early childhood education, social workers and psychologists. The child and family centre is the 'flagship' of Building our community—The Canberra Social Plan (ACT Government, 2004).

In the 1980s and at the beginning of 1990s, a range of mainstream multifunctional, community-based childcare services was developed, but many of these no longer operate. The new hub model, another incarnation of these services, has been followed for a number of years in Indigenous services in Australia. The MACS (Multifunctional Aboriginal Children's Service) have traditionally offered a range of services to the families using them and the communities where they are based. The first MACS was established in 1987 by the Department of Family and Community and was, from the very beginning, specifically designed to meet the needs of local Aboriginal children and families through offering a range of services including child care (long day care, occasional care, outside-school-hours care and vacation care), playgroups, and parent support.

MACS still provide this range of services, offering a holistic service to children and families based on strong cultural philosophy and practice. Knowledge of the ranges of successful Indigenous children's services programs is limited and much of the information is available only through word of mouth. The Secretariat of National Aboriginal and Islander Child Care (SNAICC, 2004) published a review of a range of different programs ranging from playgroups to MACS in order to address this shortfall. The MACS are widely recognised by Indigenous communities as essential to their wellbeing, and the recent federal budget recognises this in its allocation of funding for new Indigenous services. The Australian Labor Party paper (Rudd, Roxon, Macklin & Smith, 2007) proposes these initiatives can be taken further by developing Parent-Child centres, offering home visiting as well as a range of other initiatives such as literacy programs and comprehensive mothers' and babies' services.

From our reading of the literature (for example, Fasoli et al., 2004; Priest, 2005; SNAICC, 2004, 2005a, 2005b, 2005c) it appears that successful Indigenous child care has in common a set of underlying principles. Exploring these principles in action offers knowledge upon which those of us working in mainstream child care can reflect. Indigenous children need services that support a strong cultural identity to enable them to move into the schooling system and experience success. Services need to be accessible to and reflect the needs of local communities, families and children. This means that services in different communities will look quite different; one size does not fit all.

In 2002 the Jalaris Aboriginal Corporation received income from the Stronger Families Fund to address the high rate of alcoholism, drug problems, inadequate nutrition, domestic violence and suicide in Derby, Western Australia (SNAICC, 2005b). A drop-in centre for young mothers and their children, from birth to 12 years was initially set up, employing family support workers and trainees. Demand quickly outstripped resources and there was concern that parents were using the centre as free child-minding and not engaging in the programs offered, so the project refocused on health, nutrition and parent education. Argyle Diamonds and Western Metals Corporation have funded a Nutrition and Health Caravan to reach out to families. Child health nurses operate from the centre and child care is provided on these days, as well as transport to and from the centre. Family support workers, with particular expertise in nutrition and health, also work with people who have problems with parenting. Vacation care programs link Indigenous children with local elders in bush programs.

In contrast, the Minya Bunhii Children's Centre offers a combined child care and preschool service in Ceduna, South Australia (SNAICC, 2005b). A bus collects all the children in the morning and they stay at the centre for lunch. Those enrolled in the childcare program remain for the rest of the day, while those in the preschool program are dropped home after lunch. A local language and Aboriginal English are used at the centre, and families are extensively involved in cultural activities operating out of the service. The management committee are all local people. The director of the service undertakes at least one home visit a year to each family, and parents are linked with the Early Learning Program based at the local preschool, which offers more extensive home visiting.

The evidence indicates that services need to be holistic, addressing a range of needs including health and wellbeing, education, employment and training, housing, social security and cultural heritage. Sims (1997, 2002) identifies this as an ecological approach, but Karp (1996) coined the term 'wrap-around' services to reflect this holistic approach. SNAICC (2004) provide examples of successful small services such as Knyitti Jundu Playgroup which has been operating in Mackay, Queensland for a number of years. These playgroups were started by the Aboriginal Health Worker from the Aboriginal and Torres Strait Island Community Health Service. Children attend with their parent or carer, who are able to observe appropriate play, learning and health opportunities provided for their children. Workers at the playgroup are sufficiently skilled to offer family support and education for the parents/carers, including regular health monitoring and advice.

Birrelee MACS operates as a childcare centre in Tamworth and is licensed for 39 places (SNAICC, 2005b). The centre provides transport to ensure children can attend. A registered early childhood nurse with midwifery and childcare experience works in the centre and is available to families to provide support and advice. Morning and afternoon teas and lunch are provided for all children, and breakfast to those identified as needing this additional service. A number of the children at the centre are identified as having additional support needs because of disability, behaviour, developmental delays or health problems. SNAICC attribute the success of the centre to the range of programs available.

Fasoli and colleagues (Fasoli, 2004) argue that successful Indigenous services use practices for working with children, families and communities that are not found in mainstream services. They state that the most effective carers are those who are embedded in the community, many of whom are related to each other and to community members. Establishing trust between carers and community members is, in their opinion, more important than formal training. However, it is important that services operate from a physical location that is seen as culturally appropriate. Indigenous staff are more likely to be able to embed their service in local culture and language, ensuring that community members may feel comfortable in the service and trust the carers. Successful programs are also more likely to have different staff responsible for different aspects of the varying programs, rather than requiring all staff to be generalists.

Basic community development principles posit that a necessary strategy to embed services in local communities is to ensure that community members have input into service governance (Ife, 1995). Successful community governance does not happen automatically; it requires ongoing support and training and a commitment of resources. While Indigenous services should be governed in the main by local Indigenous people, it is appropriate to call in specialist skills and knowledge where needed. In the same way, it is appropriate to call in expertise from outside the community when this is needed to facilitate governance.

A significant component of successful governance is accountability. It is important that services are able to demonstrate

the quality of their operations in a manner that is sufficiently flexible to allow for local needs. Best practice principles, for example, must allow for cultural and local differences in values and practices.

Where to now?

Australia is only beginning to recognise the importance of embedding services for young children into holistic community capacity-building programs. In developed society in particular, parents of young children are effectively isolated, expected to undertake their child-rearing responsibilities alone with very little support. The erosion of what little extended family and community support was once offered in Western culture has meant that many Australian children are growing up in a world that is 'socially toxic' (Garbarino, 1999). As a society we need to make a commitment to young children and their families. To make this commitment, we must invest in the development of integrated hub-based services.

The development of effective services will occur if we provide resources enabling us to reach into the communities and homes of our young families and offer 'just in time' support in ways that enhance parental capacity and not undermine it. We need to ensure that staff in these services have a range of skills to work with children, families and communities, and the skill to network with other professionals to create a team. We need to ensure that funding and governance bodies recognise the importance of providing holistic services that integrate children and families in their communities and do not separate them from the world around them. And most of all we need to change the attitudes of those who believe that young children are not important, and that therefore services to support them, their families and communities are an indulgent luxury provided only to those who have clearly failed in a task that should come naturally to parents. Appropriate services supporting all our young children, their families and their communities have the potential to make a huge impact on our society, and we can no longer hide from our responsibilities and avoid providing such services.

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