

# Australian Indigenous perspectives on quality assurance in children's services (free full-text available)

Last Updated Wednesday, 22 April 2009

Teresa Hutchins

Edith Cowan University

Professor Sherry Sagers

Curtin University of Technology

Dr Katie Frances

Edith Cowan University

The Australian Government has recently committed to the development of an integrated system of assuring national quality standards for Australian childcare and preschool services (Australian Government, 2008). This article addresses two fundamental issues relating to the development of an integrated system as it applies to Indigenous children's services. Specifically, these issues relate to a conceptualisation of quality child care from an Indigenous perspective, and to the participation of Indigenous services in an integrated quality assurance system. Who defines quality, what quality looks, sounds and feels like, and how to measure quality were questions examined in this study. Research methods included focus groups, community consultations, and interviews with key stakeholders in the childcare sector in order to identify the key issues regarding childcare quality assurance for Indigenous families and service providers. The research findings highlighted some serious incongruities between mainstream approaches to quality assurance and those valued by Indigenous families and service providers.

## Introduction

There are two main approaches to managing the quality of any given service: quality control and quality assurance. While these two approaches are closely related, they are different concepts. Quality control activities focus on finding defects within a service after it has been delivered by comparing the delivery to a pre-existing specification (Doherty & Horne, 2000, p. 146). This form of quality management works well when there are penalties for non-conformance or substantial rewards for continual conformance. It is, however, risky when the wellbeing of clients is at stake, as it is a system which relies on getting it right the second time around rather than the first (Doherty & Horne, 2000). Quality assurance processes, in contrast, are based upon the principle of having clearly defined and appropriate policies and procedures embedded in practice before the client receives the service. This form of quality management ensures a quality service in the first instance.

Historically, responsibility for quality assurance in childcare services in Australia has been divided between the states and territories and the Australian Government. State and territory governments have been responsible for monitoring those components of quality that are generally quantitative and embodied within their respective childcare regulations, while the determining or process components of quality have been the responsibility of the Federal Government.

Recently, through both its election commitments and its 2008 Budget statement, the current Australian Government has signalled its intention to develop a new integrated system of national quality standards for childcare and preschool services.

The development of a new integrated quality standards system provides an opportunity to reconsider the needs and aspirations of Indigenous families and service providers and to ensure that these are adequately reflected in the development of future quality assurance systems. While services for Indigenous children and families have always operated under state regulatory systems, they have until now remained exempt from participation in the broader National Child Care Quality Improvement and Accreditation System. The research we are reporting on here builds upon a substantial body of work already directed at teasing out the implications of a single national system of quality assurance for Indigenous children and their families. The following discussion reviews this body of work and reports the findings from broad-based national consultations with Indigenous communities and service providers funded by the Australian Government in 2005. The purpose of the consultations was to identify the child care needs and preferences of Indigenous families and children. Results from that larger research project will be published separately, but the brief for the consultations included attention to Indigenous perspectives on quality and quality assurance in children's services, and it is this we address in the following discussion.

### Quality assurance &ndash; An overview

In Australia, the stimulus to develop a quality assurance system for child care evolved, not from service users, but through a combination of political and professional concerns (Wangman, 1995). Since the late 1960s, when professional bodies such as the Preschool Board became increasingly concerned about the quality of care children were receiving in private long day care centres, the early childhood teaching profession, in particular, has been proactive in debates about the quality of Australian child care. This concern culminated in concerted lobbying in 1969 by the Preschool Board for a national inquiry into long day care. At that time there were 560 long day care services operating across the country; only 40 of which received local government grants, while the rest were privately operated (Brennan, 1994). The Pre-School Board strongly contested the private nature of centre-based care, claiming that child care should come under their jurisdiction and thus be staffed by early childhood teachers. The community childcare sector, on the other hand, resisted this approach and sought to keep child care outside of the professional control of education. Discussions about monitoring the quality of care continued throughout the 1980s and were heavily influenced by the National Academy of Early Childhood Programs in North America which, in 1984, established a voluntary system of accreditation for early childhood programs throughout the United States. In 1986, the Australian Early Childhood Association (AECA) was commissioned by the Commonwealth Minister for Community Services to report on the quality of long day care in Australia.

In December of that same year, the AECA presented its findings, which included two proposals for establishing a national evaluation process of long day care centres. The AECA highlighted three factors underpinning their recommendations:

- Day care centres are typically staffed at minimum levels, making the conduct of complex, time-consuming evaluations difficult.
- Australian day care staff typically lack the expertise needed to execute technically sophisticated (particularly quantitative) evaluations, which are frequently also prohibitively time consuming.
- Day care evaluations utilising the understandings and insights of centre staff are typically more credible to those staff and more accurately gauge the strengths and weaknesses of the program. Such evaluations are also less threatening to centres (AECA, 1986, p. 115).

The AECA's first proposal was a system of self-evaluation based on the Early Childhood Assessment Tool developed by the Early Childhood Education Centre in Canberra (AECA, 1986, p. 115). The second, a national accreditation system for day care based on the American system, consisted of a three-step process: a period of self-study; a validation visit by a local professional to verify the centre's report of its compliance with the National Association for the Education of Young Children's (NAEYC) criteria for accreditation; and an accreditation decision made by a three-person committee of nationally acknowledged early childhood educators (AECA, 1986, p. 119).

In 1990, the principles and standards developed in North America were adapted by Australian academics who published a set of guidelines for the voluntary accreditation of early childhood programs in Queensland (McCrea & Piscitelli, 1990). At the same time, the Australian Government announced an important change to its childcare policy: the extension of fee relief to the private sector, and the development of a national system for the accreditation of long day care centres. These policy initiatives were not unrelated: the compulsory accreditation system was introduced to quell concerns of the Australian Council of Trade Unions and the community sector about the provision of fee relief to the private sector (Wangman, 1995).

In 1991, the Australian Government established an interim Accreditation Council to oversee the implementation of a National Child Care Quality Improvement and Accreditation process (Brennan, 1998). Then, in 1993, the Australian Government appointed the first National Child Care Accreditation Council (NCAC). Currently, the NCAC is responsible for the administration of the Child Care Quality Assurance systems for all services receiving Child Care Benefit funding from the Australian Government. There are three separate systems covering Family Day Care (FDCQA), Out of School Hours Care (OSHCQA), and Long Day Care (QIAS). The broad objective of all three systems is to 'ensure that all children in care have stimulating, positive experiences and interactions that nurture all aspects of their development' (NCAC, 2008).

#### Universal standards for quality assurance

The components of quality care as articulated in the QIAS documentation are based on a body of research which has been conducted over the past 20 years. This research has investigated the relationship between particular childcare environments and developmental and school adjustment outcomes for children (Anderson, 1992; Belsky, 2004; Harrison & Ungerer, 2000; Schweinhart & Weikart, 1993). One of the limiting factors of these studies, however, is that they have almost exclusively been conducted in the 'minority world' and hence do not necessarily represent the experiences of those in the 'majority world' (Myers, 2004). While the research results demonstrate some consistencies in understandings of the nature of children and childhood between these two 'worlds', 'they do not neatly come together to form one truth' (Myers, 2004, p. 15).

Unfortunately, dominant world research findings have largely converged upon a conceptualisation of the child as 'naturally developing'. Within this paradigm, children's development is seen as 'an inevitable and invariant process driven by a biologically rooted structure which the child inherits' (Archard, 1993, p. 35). In other words, children's development is seen as naturally occurring in an orderly, linear process throughout which the child progresses from a state of incompetency towards one of competency (that is, adulthood). The central positioning of Indigenous children on the other hand, as active members of the community who are entitled to make decisions on their own behalf and who are listened to and respected, contrasts starkly with this view. The dominant world view, however, has become increasingly contentious as anthropological and sociological understandings of children and childhood have emerged (James & James, 2004). For example, Grieshaber (2000) has noted that the current Australian QIAS is based on the philosophy of developmentally appropriate practice. She argues that this is a philosophy which endorses the values of the dominant culture (white, middle-class values) as normative, positive and universal, and that research has been used within this paradigm to perpetuate the belief that dominant cultural practices are preferable to those practised by minority groups. She also criticises the current QIAS for its focus upon outcomes, efficiency and effectiveness; and claims that such a top-

down approach means that technical decision-making around the QIAS 52 principles are privileged over broader moral, ethical and political considerations.

Dahlberg, Moss and Pence (1999), have provided the most cited critique of dominant conceptions of quality in early childhood services. They stress both the existence of multiple understandings of quality, and the hegemonic way quality is used to define a generalisable standard against which a service may be judged. They argue that:

Central to the construction of quality is the assumption that there is an entity or essence of quality, which is knowable, objective and certain truth waiting 'out there' to be discovered and described (p. 107).

### An inclusive system

Is it possible to have a national system of quality assurance in children's services when understandings of quality are culturally and socially specific and populations are diverse? According to Myers:

If one starts from a premise that quality means different things to different people, it would seem that establishing one national definition of quality and a national set of standards is impossible, unless all those who think differently can somehow magically attain agreement through dialogue. It would seem inconsistent to try and establish one instrument, representing an operational definition of quality, to be applied in all settings in order to monitor quality (Myers, 2004, p. 17).

For Myers (2004), it is the issue of what kind of society is desired for children that should guide a process of ongoing dialogue between all stakeholders, at local and national levels. Such dialogue seeks complementary notions of the nature of children and the kind of services they should receive. Insights from qualitative and quantitative research are important, as well as practitioner experiences. Value positions need to be made explicit, and minimum areas of agreement used to develop starting points to construct a definition of major categories and indicators of quality. The process should build outward and expand the thinking of all participants.

Myers (2004) also notes that it is important to distinguish between national and local purposes for monitoring quality, with provision for additional instruments to be created for use at the national level. This would involve the use over time of qualitative evaluation that reflects personal and contextual differences, and the use of internal and external evaluators. Participants need to reach a workable level of agreement through successive approximations with the qualification that no definition or instrument is final. Myers (2004) cites apparently successful examples from New Zealand and Mexico where this process has been attempted. The system in New Zealand makes it possible to establish local priorities in the definition of quality to be used in any particular services, as well as particular areas for review that are important to the context and location of the service. Myers (2004) also cites the example of the European Commission, which has established a set of objectives that should guide practice. The European Commission's proposal begins with the view that:

Quality is a relative concept based on values and beliefs and defining quality should be a dynamic, a continuous and democratic process. Quality should be found in the equilibrium between common objectives, applicable to all services while recognising and respecting the diversity among individual services. There cannot be one final and static point of view about quality. The countries that reach, or are reaching all or the majority of the objectives will want to continue developing their services (Comision Europea, Red de Atencion a la Infancia 1996, p. 9 cited in Myers, 2004, p. 18).

In recognition of the subjective nature of the concept of 'quality', particularly as it relates to service provision and delivery, the 2003 review of the Child Care Support Program through the Broadband Redevelopment Consultations recommended that consideration be given to 'whether there will be the creation of a more culturally appropriate accreditation process for Indigenous services' (Community Link Australia, 2003). Since that time, the Secretariat for National Aboriginal and Islander Child Care (SNAICC), NCAC, and the Department of Families, Communities and Indigenous Affairs (FaCSIA) have been engaged in a process of examining the viability of an Indigenous Quality Assurance process. A national workshop of stakeholders to consider the question was held in 2004; an international workshop coordinated by FaCSIA and the Canadian First Nations Partnership was held in New Zealand in 2005; and a comprehensive review of the relevant literature was commissioned by FaCSIA, and undertaken by Kathryn Priest, that same year.

Much attention is given to the culturally-specific processes required to develop a quality assurance system for Indigenous services, in the recommendations from both the National Workshop on Quality and the review of literature undertaken by Kathryn Priest. In addition, the National Workshop participants and Priest argue for processes that are consultative, participatory and staged, and where local communities have the opportunity to validate each stage and then feed up to a national forum. Thus, there seems to be a consensus about the need for a developmental process that is inclusive and responsive to all stakeholders and is educative and empowering of community stakeholders. Priest (2005) particularly notes the need to provide an environment where the learning about quality care for children is 'both ways': that is, 'where the dominant narratives of quality in child care are challenged for the purpose of transferring power to the range of Indigenous narratives on quality that will emerge' (Priest, 2005, p. xix).

Furthermore, in September 2008, SNAICC submitted a National Quality Framework for Early Childhood Education and Care to the Australian Government's Department of Education, Employment and Workplace Relations (SNAICC, 2008). The submission strongly supports 'the development of a national quality framework that can replace the existing commonwealth accreditation system and state and territory licensing systems' (SNAICC, 2008, p. 11) to include the particular needs and preferences of Aboriginal and Torres Strait Islander childcare services. Recognising that child care for Aboriginal and Torres Strait Islander families often means something quite different from the types of care typically sought by other Australian families, emphasis is placed upon the need for the development of such a system to occur within the context of a clear long-term plan from the Federal Government to sustain and grow Aboriginal and Torres Strait Islander childcare services. Quality standards in this context move away from a fixed and centralised view of quality to include the specialist role of Aboriginal and Torres Strait Islander services and, in particular, their community development approach to pursuing the children's wellbeing. The broader approach of supporting families to meet the developmental and cultural needs of their children is central to this specialist role. This approach underpins the preferred service model of Aboriginal and Torres Strait Islander communities and 'this service model should be encouraged &ndash; not stymied &ndash; by funding models and quality assurance frameworks' (SNAICC, 2008, p.11).

This brief overview of work already done with regard to the needs and aspirations of Indigenous families and service providers in relation to the issue of providing and assuring quality services for Indigenous children provided the basis for the broader consultation with families, communities and service providers held across the country during 2005&ndash;2006.

## Methodology

Semi-structured 'sets' of questions were used to obtain qualitative data from focus group discussions and individual consultations with relevant childcare and Indigenous networks, service providers, community members and government representatives in order to identify the key issues regarding child care quality assurance for Indigenous families and service providers. A review of national and international literature regarding quality assurance for the childcare industry,

with a particular focus on the Indigenous perspective, was also undertaken and provided a context for the evidence presented from the focus groups and consultations. The data was analysed using a comparative thematic approach which enabled common themes and issues to be identified.

The sample comprised Indigenous childcare providers (202), Indigenous community members (210), and state and territory government representatives (66) from across Australia. In each state and territory a minimum of one capital city consultation and one rural/regional/remote consultation of service providers and community members was included. Metropolitan consultations were held during the Secretariat of National Aboriginal and Islander Child Care's (SNAICC) state conferences where possible. Rural/regional/remote sites were nominated by SNAICC, FaCSIA and state and territory government representatives.

The research was conducted with attention to ethical guidelines for research with Indigenous and Torres Strait Islander people, as articulated by the NH&MRC's (2003) Guidelines for ethical research in Aboriginal and Torres Strait Islander health research. These guidelines require all researchers to conduct their work according to Indigenous priorities and processes, and with respect to Indigenous values. Ethical approval to undertake the research was granted by Edith Cowan University's Human Research Ethics Committee. Importantly, the research team included Indigenous and non-Indigenous people with many years' experience working with Indigenous communities.

Limitations of the research included time constraints, the limited sample, and the contested role of government at the consultations. Many participants raised their objection to the presence of FaCSIA staff at the consultations and may have been less able to voice their opinions as a result. Nevertheless, most consultations generated robust and exhaustive deliberations.

## Findings

### Quality means different things to different people

'And what do we mean by quality? Those are really key questions that we need to resolve' (Government representative). This view was representative of the widespread acknowledgment, throughout the consultations, of the subjective and multi-dimensional nature of any concept of quality. That quality means different things to different people was, thus, a significant theme:

For workers quality means they are hard-working, taking initiative, honest. For the crÃ"che, it's having 'everything up to standard'—bathrooms, kitchens, cupboards. Culture day is important, go out for turtle eggs, fishing.

—Service provider from a remote area.

Well, I visited an accredited centre in Melbourne, and if that is meant to be quality, I don't want it. I saw things there that were not quality care. All the kids were told to paint a tree. Where is the creativity in that? They had stencils. Agh! Quality is about developing creativity. I like the QIAS but it would have to be done our way.

—Service provider from a very remote area.

Who should define what quality is?

The need for notions of quality to be defined by the community was also a widely-held view:

We want to be able to say this is our process for quality and includes what we want. People are fundamentally interested in quality but they want to be able to define themselves in terms of what they want.

&ndash;Service provider from a metropolitan area.

Need to have community involved in the development to have a feeling of ownership.

&ndash;Service provider from a metropolitan area.

Commitment to high quality care

Nevertheless, given the acknowledgement that quality means different things to different people, there is no doubt that Indigenous people want high-quality care for their children. While they may be cautious about how that is defined and measured, participants were united in their concern that Indigenous services are in no way inferior to mainstream services:

We want to make sure quality in child care is as good in Indigenous services as any other service.

&ndash;Service provider from an inner regional area.

We want best practice for our kids, not the minimum you can get away with such as regs. They deserve best practice. This is harder for MACS because funding is limited. Fees cannot be increased to get extras.

&ndash;Service provider from a metropolitan area

Conceptualisations of quality care

A safe place

Participants told us that quality care is a safe place:

We are writing rules for policy, such as keeping kids out of the office and kitchen.

&ndash;Service provider from a very remote area

Safe and caring environment, good communication, qualified staff, safe and secure building.

&ndash;Service provider from a very remote area

A respectful place

Participants valued staff who demonstrated respect for the children and their families:

Genuine friendliness that the staff have here towards the parents and children.

&ndash;Government representative from a metropolitan area

Reliable, parents need to feel comfortable, needs to consider the parents' point of view &ndash; home away from home, Indigenous safe, educational.

&ndash;Service provider from a metropolitan area

A child-centred place

Participants told us that children must be given love and respect and be able to be themselves:

We have good quality care. We let the kids be. Let them do things for themselves. They serve themselves morning tea. They can be loud and proud. They can play inside and outside as they want. They can leave the play equipment out and come back to it later. It's ok for our kids to be in solitary play. There is no set routine, they just play. We do lots of touching the kids, hugs and cuddles. Touching is very important for our kids. Aboriginal kids are very affectionate and need that. We have a cultural program; we put good practice in place.

&ndash;Service provider from a very remote area

A place that supports Indigenous cultures

Culture is at the core of high-quality Indigenous services. Without the acknowledgment and respecting of culture there is nothing:

Poor quality is where there is no access to culture.

&ndash;Service provider from a metropolitan area



Cultural, programs dealing with culture, our links with our families and the children's heritage, in addition to meeting the other principles.

&ndash;Service provider from a metropolitan area

#### A culturally-safe place

Community participants said they wanted to feel safe going into a service. They did not want to be embarrassed, shamed or chastised because of who they were. Unfortunately, several participants had experienced just this when attending mainstream services. Culturally-safe in this instance refers to a valuing of people and their culture:

Friendly, flag at the front, respectful, caring, nurturing, don't make people feel unclean, needs to be holistic, focused on the whole family. Provides support, with Indigenous workers, but with a mix of Indigenous workers, old aunties. With an Aboriginal componentâ€”if a kid in care starts talking about ghosts, we don't want him referred to psychiatrist! Storytelling is important.

&ndash;Community member from a metropolitan area

You need a smiling person right out the front. Kids don't go crying out the door. They make the person feel comfortable, don't just let the person stand there with their head down, or just pass onto someone else &ndash; yes, treat with respect.

&ndash;Community member from a regional area

#### How to measure quality

For many of the participants quality is measured by the responses from children, family and community. Emphasis was placed on the notion of accountability to all three stakeholders (particularly children), as well as on the reality that many services have implicit quality standards in place:

You can measure quality by the responses from the community and parents and other professionals that you link with; for example preschool, other childcare Commonwealth officers, health servicesâ€”we all work closely together.

&ndash;Service provider from a metropolitan area

Happy children at the end of the day, happy parents, satisfied with the service. Running to a national standard. Having a cultural program. Kids wanting to come here and go to school.

&ndash;Service provider from a metropolitan area

One of the directors of a service talked about measuring the quality of the service by talking to people who had been through the centre and seeing how their life experience had been shaped by their time there.

The stories &ndash; we have not been able to document stories and it is much bigger than we have time for today. We have to talk to the children who came through; if it [the service] wasn't there, what difference might that have made?

&ndash;Service provider from a metropolitan area

#### Community understandings of quality assurance

Because ideas about quality are implicit and embedded in cultural norms it should be acknowledged that, during the community consultations, the discussion around how to measure quality was difficult: asking people to talk about it without prior notice or explanation required time not always available. As one of the researchers noted:

There was no knowledge of the words accreditation or quality assurance and it took some time talking about what is good about their centre before anything about quality emerged from the group. In response to direct questioning about the importance of Aboriginal workers, the women said that having Aboriginal staff was important, as was the cultural day. One woman talked about the importance of safety for children. Another mentioned the importance of teaching children good behaviour.

#### Implicit notions of quality

While two themes dominate community responses to the questions about how to measure quality in children's services, the overall responses were almost as diverse as the number of participants. Nonetheless, participants emphasised two issues; first, the need for child-centred approaches (this is already evidenced by the way participants measured quality, cited above). Second, issues relating to staff; there was widespread agreement that trained, sensitive staff who were trusted and made people feel comfortable, and who provided stimulating programs for children, were good indicators of quality:

The standard of staff training that occurs in the service.

&ndash;Community member from a metropolitan area

Very loving, caring, good people looking after children.

&ndash;Community member from an inner regional area

## Experience of those who had taken part in the QIAS

### A positive experience

Some of those who took part in the consultations were working in accredited services or had been through the QIAS process sometime in the past. Some found it a positive experience:

The exposure has taken me on a journey to rethink other way[s] to assessing quality. It has been a good journey, measuring parents' engagement, nurturing, good behaviour management and social and emotional needs of children. This is all about what is important &ndash; but I did not lose my own value system, and still rely on this and I do not have the accreditation yet for my centre.

&ndash;Service provider from a metropolitan area

We had a mentor to help us through the quality assurance system. If there's an outside mentor (non-Indigenous) then they can help with cross-referencing from Indigenous values with QA measures.

&ndash;Service provider from a metropolitan area

### Stressful &ndash; need for Indigenous validators

It was a big stress; I didn't know what it was. We had a non-Indigenous validator and we found program planning difficult.

&ndash;Service provider from a very remote area

For childcare centres the QA is really stressful and negative comments cause a lot of stress. The moderator should spend time in the service and observe to see exactly what happens.

&ndash;Service provider from a metropolitan area

Programming was the biggest issue, planning and policies. We didn't know about planning the first time we were accredited but we had an Aboriginal validator who gave us time to improve. But she pulled us up for not speaking in language&acircumlbut we don't know language well enough.

&ndash;Service provider from a very remote area

## Need for support

A service director whose service had been awarded three-year accreditation in the past pointed out that:

Services without experienced staff need a lot of support. Cultural support and there is a need for Indigenous validators. Only the last validator was considerate of cultural differences. Debbie Bond's booklet on quality assurance was helpful as it translated cultural areas to the different principles. There is nothing like the South Australian Support Agency here. We need more support for Indigenous early education. We need validators who are community-minded and have some experience of communities.

&ndash;Service provider from an outer regional area

A quality assurance system for Indigenous services

While there were differing opinions about the utility of a quality assurance system for Indigenous services, few rejected the idea outright. For most people it was a question of why it would be implemented, how it would be implemented, and what resources would be available:

We would love to have a quality assurance system &ndash; this will ensure we provide quality and accountability back to the community/parents.

&ndash;Service provider from a metropolitan area

QA has a place. Some kids would be better cared for in a safer manner. I think we should be striving towards this.

&ndash;Service provider from a very remote area

Concern about the bureaucracy

The imposition of bureaucratic processes was the cause of some concern. These related to the inappropriateness of paperwork for many Indigenous communities, and the impact the additional paperwork would have on the ability to attend to children's needs:

This system is not compatible with Indigenous child care. Remote communities need different rules. We cannot meet all those rules. Our OSHC is regarded as the same as mainstream. We have the same regulations and rules. The paperwork is too much for us and for the parents. I spend a lot of time doing paperwork.

&ndash;Service provider from an outer regional area

Level of paperwork is going to make Indigenous parents run a mile. An Indigenous model would take this into account.

Visual reports are more appropriate and one-on-one interviews. But this does increase the workload for the coordinator.

&ndash;Service provider from a metropolitan area

### Need for participatory processes

The need for inclusive participatory processes for both the design and the implementation of a quality assurance system was emphasised by many of the participants:

People want to make the process what they want &ndash; they want to work out what the process should be. Parents are not really included in rating. It's got to be a process of getting input, about how the community works, who speaks for that child. Quality Assurance might be different in each community. People want a self-assessment, not assessed from outside. Don't want Quality Assurance to be used against them. They need support &ndash; lots of talk about what it means.

&ndash;Service provider from a metropolitan area

There need to be broad community consultations to develop broad accreditation principles that would have to be regionalised to meet the individual needs of services/communities. I think &ndash; I do not know, but you need to have community involvement to develop the feeling of ownership, that it is their quality assurance. Because if they are not their standards, they are not going to be adhered to.

&ndash;Service provider from a metropolitan area

### The multifunctional or 'joined-up' nature of Indigenous services

Others were concerned that a quality assurance system based on the mainstream system would be unable to account for the broad range of programs that many Indigenous childcare services provide to the broader community:

Quality assurance should be looking at the service as a whole. If this is a quality assurance for MACS it would have to look at the whole service and not at the mainstream child care. The process should look at all the areas of operation for the community. They need to redevelop it for the Indigenous services, not base it on the mainstream model. There should be a separate body to develop guidelines for the accreditation of the Indigenous services.

&ndash;Service provider from a metropolitan area

### Discussion

There seems to be general agreement, both in the literature and from the consultations, that some type of quality assurance process may have utility for Indigenous services. The larger question is about what that system might look

like. Given the nature of Indigenous childcare services, what kind of system would best support quality practice? Clearly there are some serious incongruities between the mainstream QIAS and Indigenous needs and aspirations.

In particular, the central positioning of Indigenous children as active members of the community who are entitled to make decisions on their own behalf, and who are listened to and respected for who they are in the here-and-now of their everyday lives' does not sit well with a system based on minority world constructions of the child as 'developing'. To counter dominant understandings of quality child-rearing, senior Anangu and Yapa women from Central Australia are engaged in the process of having their understandings of these concepts acknowledged and respected. Inherent in their beliefs is that children who feel connected, are cared for, happy, loved and instructed in the Law and ways of their culture will grow up strong and healthy. For, as Priest (2005) points out, '[t]hese [S]enior women believe that it is their children's cultural knowledge and identity that will keep them strong in their childhood, adolescence and adult life' (p. 19).

These are not simply other world understandings; rather, this approach to providing nurturing, healthy environments for children is well-supported in the most contemporary mainstream literature on the nature of childhood. Furthermore, this view has been accepted by the Family Law Council, which has advocated for the formal recognition of traditional Indigenous child-rearing and parenting practices, and their application in services provided to Indigenous children (Priest, 2005). Thus, a critical component of the Quality Assurance system must be the foregrounding of Indigenous child-rearing practices and cultural identity, entailing the development of an Indigenous perspective on child development.

Bronwyn Coleman-Sleep (cited in Priest, 2005), a Kokatha woman from the far west coast of South Australia, has also addressed the issue of Indigenous quality assurance, noting that 'quality comes from the heart and soul of each person', while quality assurance is 'a promise that is meant to bring about a feeling of trust' (p. 28). Coleman-Sleep identifies five components or 'important things to look at and make happen in Indigenous childcare services'. These are: time; relationships; family (Tjukulpa); children's learning; and giving and getting messages from other people. Coleman-Sleep also outlines what best practice looks, feels and sounds like. It looks like children being happy, feeling powerful, having space and time, and making excellent relationships. She explains that best practice feels like not needing anything, feeling safe, relaxed, happy, wanting to do things, to feel strong and talk to children and adults, to feel cared for, feel important and precious. Good practice sounds happy, talking (in first language), busy and musical (see Coleman-Sleep, cited in Priest, 2005 for a more detailed explanation).

Thus, an important component of the development of a QIAS system is flexibility in response to different definitions of quality, as well as to the diversity of cultures and communities (Myers, 2004). This was evidenced in those services which coped well with mainstream QIAS where, in particular, the validator was Indigenous. This allowed for a process wherein the validator was able to present their own interpretations of the principles of the QIAS, in the context of Indigenous customs, practices and experiences.

The consultations raised other concerns, however, that reflect understandings about the difficulties of implementing quality assurance systems in public services. In particular, there are concerns about the level of bureaucracy that tends to characterise quality assurance systems. In communities where literacy and resources are poor, a paper-based system will make no sense. Thus, the loud and clear message that members of the community need to be actively involved in defining quality, designing the quality assurance system and in measuring the quality of services is, furthermore, supported by understandings from the literature about what makes a successful quality assurance system.

Accommodating local differences necessitates a process that is consultative, participatory and staged, where local communities have the opportunity to validate each stage of the process. Specialist facilitators are also needed to guide community groups through the process; a process that, as Priest (2005) points out, should not be time-limited:

It is important for the future sustainability of an Indigenous QA system that Indigenous services and communities do not feel rushed in the process (Priest, 2005, p. xxi).

In sum, it seems clear that a quality assurance system will need to be developed for Indigenous services, under the existing NCAC framework. The work already completed by the NCAC, SNAICC and FaCSIA, in collaboration with the senior women from Central Australia and Bronwyn Coleman Sleep, provides the base parameters for the development of an Indigenous system, and the evidence from the consultations supports the further development of this system. SNAICC has indicated its willingness to work with the NCAC to develop an Indigenous quality assurance system. For such a system to be successful there is a need to develop widespread, meaningful, participatory staged processes of engagement with local communities and national stakeholder representatives, and to recognise that developing an inclusive, responsive process will take time.

#### Acknowledgements

The research on which this paper is based was funded by the Australian Department of Families, Communities and Indigenous Affairs (now Families, Housing, Communities and Indigenous Affairs) and draws upon data first described in a draft report provided to the Department in 2006. The opinions expressed are those of the authors alone and do not necessarily represent the views of the Department. The research team comprised Sherry Sagggers, Andrew Guilfoyle, Teresa Hutchins, Margaret Sims and Anna Targowska, Centre for Social Research, Edith Cowan University; Stephanie Jackiewicz, Colleen Hayward, Steve Zubrick & Ellen Seymour, Telethon Institute for Child Health Research; Terry Dunbar, Charles Darwin University; June McLoughlin and Frank Oberklaid, Royal Children's Hospital, Melbourne; and Collette Taylor, Queensland University of Technology. Susan Teather was employed as a Research Associate on the project and Katie Frances is currently employed to work with the research team on publications arising from the research. We acknowledge also the important role of the Secretariat of National Aboriginal and Islander Child Care in assisting with the organisation of consultations and for comments on the initial research report.

#### References

AECA (1986). Quality of long day child care in Australia. Report to the Minister for Community Services. Canberra: AECA.

Anderson, B. E. (1992). Effects of day-care on cognitive and socioemotional competence of thirteen year old Swedish school children. *Child Development*, 63(1), 20-36.

Archard, D. (1993). *Children: Rights and childhood*. Routledge: London.

Australian Government (2008). Budget 2008-09. Retrieved 17 July 2008, <http://www.budget.gov.au/2008-09/content/bp2/html/index.htm>

Belsky, J. (2004). Child care and its impact on young children (0-2) years of age. Commenting: MacCartney Peisner-Feinberg and Ahnert and Lamb. Retrieved 17 May 2006, [www.exellence-earlychildhood.ca](http://www.exellence-earlychildhood.ca)

Brennan, D. (1994). The politics of Australian child care: From philanthropy to feminism. Cambridge: Cambridge University Press.

Community Link Australia (2003). Child care support Broadband redevelopment consultations Final Report -Executive Summary. Morningside: Community Link.

Dahlberg, G., Moss, P., & Pence, A. (1999). Beyond quality in early childhood education and care: Postmodern perspectives. London: Falmer Press.

Doherty, T., & Horne, T. (2000). Managing public services: Implementing changes - A thoughtful approach. London: Routledge.

Grieshaber, S. (2000). Regulating the early childhood field. *Australian Journal of Early Childhood*, 25(2), 1-7.

Harrison & Ungerer (2000). Children and care: A longitudinal study of the relationships between developmental outcomes and non-parental care from birth to six. Paper prepared for the Panel Data and Policy Conference, Department of Family and Community Services. Canberra: Department of Family and Community Services.

James, A., & James, A. (2004). Constructing childhood: Theory, policy and social practice. New York: Palgrave MacMillan.

McCrea, N., & Piscitelli, B. (1990). Handbook of high quality criteria for early childhood programs. Brisbane: College of



Advanced Education.

Myers, R. (2004). In search of quality in programmes of early childhood care and education (ECCE) (available from <http://portal.unesco.org/education/en/ev.php-URL ID=363538andURL DO=DO PRINTPAGE&URL SECTION=201.HTML>). Geneva: UNESCO.

NCAC (2008). Accessed at [http://www.ncac.gov.au/about\\_ncac/qa\\_childrens\\_services.asp](http://www.ncac.gov.au/about_ncac/qa_childrens_services.asp)

Priest, K. (2005). Exploring quality assurance for Aboriginal and Torres Strait Islander child care: A literature review and background paper. Canberra: Department of Family and Community Services.

Schweinhart, L., & Weikart, D. (1993). Success by empowerment: The High/Scope Perry Preschool Study through Age 27. *Young Children*, 49(1), 54-58.

SNAICC (2008). A National Quality Framework for Early Childhood Education and Care. (available from [http://www.snaicc.asn.au/\\_uploads/rsfil/00210.pdf](http://www.snaicc.asn.au/_uploads/rsfil/00210.pdf)).

Wangman, J. (1995). Towards integration and quality assurance in children's services. Australian Institute of Family Studies Child Study. Paper Number 6. Melbourne: Australian Institute of Family Studies.

*Australasian Journal of Early Childhood* – Volume 34 No 1 March 2009, pp. 10–19.

Don't forget, *Australasian Journal of Early Childhood* is tax deductible for early childhood professionals

You can purchase this issue of the *Australasian Journal of Early Childhood* now.

Vol. 34 No 1 March 2009

Back to the Australasian Journal of Early Childhood

Other editions of the Australasian Journal of Early Childhood

{modulebot module=Faves}