

**School Readiness in Indigenous Children:
Recommended Research and Development processes
Summary of Preliminary Consultations**

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Indigenous School readiness: Summary of preliminary consultations

Context and methodology

The following is a summary of a series of preliminary consultations conducted in April till July, 2007 around the broad issue of 'School Readiness' for Australian Indigenous children; relevant evidence-based and best-practice approaches, as well as recommended research directions and methodologies.

This paper, along with a comprehensive literature review around the issue of School Readiness (McTurk and Nutton) was initially prepared as background to inform planning around future research directions of the Child Health, Education and Development alliance based at Menzies School of Health Research and the School for Social Policy and Research, Charles Darwin University. Segments of these papers were included in the general workshop discussion paper prepared by Gary Robinson and presented at the initial research alliance workshop, October 17th and 18th, 2007.

Forty-eight experts from a range of both research and service delivery backgrounds from around Australia (Appendix 1) were consulted based on a semi-structured list of questions. This summary reflects and acknowledges the range and prominence of views expressed. Overall consultants agreed in their identification of key issues, as well as the huge complexity of issues that will be faced in setting a research agenda. Views differed widely however, regarding recommended research questions and methodologies.

This document also incorporates information from an extensive mapping exercise of key 'best-practice' examples of current and recent Australian early childhood initiatives. The exercise has focused on documenting interventions which engage both parents and children, notably initiatives which are, or have been trialed in Indigenous populations.

Projects described in the body of the text were those that were highlighted by consultants, or that serve to illustrate key issues discussed. Interventions targeted solely at children or parents which were noted by consultants have been added as an appendix (6.2).

1 Introduction: Early childhood research in Australia: A lack of evidence.

In general, consultants agreed that the field of early childhood in Australia is currently marked by a lack of solid evidence around 'what works' in Indigenous communities. There has been very little research into both efficacy and effectiveness of varied early childhood interventions conducted in Australia, particularly in Indigenous communities. Several consultants pointed out that while often cited, the few (international) programs established to have a solid evidence basis (e.g. the Perry pre-school program) have not been widely trialed and implemented around Australia. Consultants were also unable to identify any significant bodies of work conducted in analogous communities elsewhere.

Of the research work being done in Australia, consultants considered that some of the 'best' work was coming from the health and public health research field, as opposed to a more 'opinion-based' education field. Consultants made particular note of key population level studies including the Western Australian Aboriginal Child Health Survey, and the Australian Early Development Index (see boxed text #1). These large scale survey-based studies provide valuable population level data around issues facing Indigenous children, families and communities. The studies do not however, at this stage provide specific evidence around efficacy of interventions already in place.

#1 population level studies

- **WAACHS: Western Australia Aboriginal Child Health Survey**

WAACHS conducted by the Telethon Institute for Child Health research in collaboration with the Centre for Developmental Health at the Curtin University of Technology, WESTERN AUSTRALIA. The state-wide household survey involved 5,289 Indigenous children aged 0-17 across the state. Results (for 2004-2006) are published in five volumes addressing the domains of physical health, mental health and social and emotional wellbeing, factors impacting on educational outcomes, and community capacity (including documentation of community strengths and degree of social isolation). Regional profiles relating to each of these domains have also been published.

All phases of development and implementation of the survey were conducted under the guidance of the WAACHS Steering committee which includes senior Aboriginal people from a cross section of agencies and settings.

- **AEDI: Australian Early Development Index**

The AEDI was developed by the Centre for Community Child Health (CCCH) in collaboration with the Telethon Institute for Child Health (TICH) (Perth). The tool provides a population measure of early childhood development ('developmental vulnerability') across 5 domains, based on a checklist completed by teachers. Results are mapped according to suburb or area of interest. A validation study conducted from 2004-2006 has found the tool to have sound construct and concurrent validity.

During phase one of implementation, data was collected on a total of 16,756 children (mean age of 6 years, 1 month) from across Australia (except Northern Territory, New South Wales, Tasmania). Community results (profiles) are available for the first 2 years of implementation (2005). A final evaluation report (2006) has indicated that implementation and dissemination of results is occurring smoothly, and has led to an increase in community awareness about early childhood development as well as assisting communities to mobilize and plan strategically to address the issues indicated.

The CCCH / TICH research team has recently received federal funding to repeat and extend the study to include 14 new sites around Australia. The group will also conduct an Indigenous AEDI validation study, to examine cultural validity of the tool. The group intends to examine data already collected (on over 700 Indigenous children) for systematic differences between Indigenous and non-Indigenous children, then to modify the tool for initial trialing in Western Australia.

- **LSIC: Longitudinal Study of Indigenous children**

LSIC, an initiative of the federal department of Family and Community Services and Indigenous affairs (FaCSIA), aims to understand factors impacting on Indigenous children's lives over time, notably factors underlying resilience and positive development in various locations. The study will employ both quantitative and qualitative data collection and is primarily consultation and questionnaire-based. Families will be engaged in the study for five years. Data collection for the study proper will commence next year. Proposed locations include Derby (Fitzroy Crossing), Darwin (Town camps) and Alice Springs and surrounding camps.

While evidence based on formal research is lacking, a large number of consultants also acknowledged a great body of work done in Indigenous communities that is rarely evaluated or published. A large number of well-regarded programs have suffered from insufficient support and short-term funding, and have not been subjected to rigorous evaluation or analysis. Examples given included individual women's or family centres across the Territory, as well as mobile play or pre-school schemes (described further below, boxed text # 3.3, and appendix 6.2). Many consultants therefore emphasised the need to draw on the considerable expertise and practice-wisdom of established Indigenous education and early childhood workers in any planning processes:

'there's a lot of valuable work being done, the concepts aren't new, we're just not tapping-in'.

Consultants also drew our attention to a range of qualitative documentation that has been done around early childhood, child-rearing practices and 'school-readiness' in Indigenous communities. These range from reviews and reports, to handbooks regarding best-practice approaches towards working with Indigenous children and families. Consultants considered that a great deal

of this work 'get's lost', in that it has not been followed up with sufficient support and funding to be translated and application across other contexts. Where possible, papers detailing these promising practices already published have been included in the literature review associated with this document.

2. Broad issues identified by consultants

Given this paucity of evidence and such a broad field remaining to be explored, the research approaches recommended to the Child Health, Education and Development alliance varied widely as described further below. However there were a number of key considerations identified by a large number of consultants as important and relevant to any approach taken.

2.1 School Readiness: Definition of Concept and Outcomes

A primary task for the research group is to establish a clear concept of what consists 'School Readiness', and what it should '*look like*' in Indigenous children. Careful consideration will need to be given to defining the variables the Child Health, Education and Development alliance will be seeking to influence, as well as outcomes the alliance will be looking to measure.

Broadly speaking, consultants agreed that that Indigenous children entering school need both to maintain their own culture, identity and self-esteem, as well as to incorporate a new set of cultural values, that is to 'be prepared' for the western schooling system.

A central issue informing this concept is the discussion around what areas of development are most important to School Readiness; cognitive, as opposed to social and emotional development? This question was also discussed in terms of defining the *skills* needed by Indigenous children on entering school. A number of consultants considered that literacy in the traditional Western sense should not be emphasised as much as developing basic (social and practical) skills, and the self-esteem to be able to navigate in Western society.

A second major issue identified by consultants in relation to defining a concept of School Readiness was a debate around who it is that needs to be ready, or rather '*is everybody ready?*' (see also Arnold et al., 2007). A large number of consultants then asked '*are schools ready for children?*' Many consultants considered that schools need a more '*open*' approach in order to be able to meet Indigenous children '*where they're at*'. Consultants referred both to institutional and structural issues such as inflexible curriculum and timetabling, and (as discussed further below) insensitive attitudes and lack of understanding on the part of school staff towards the needs of Indigenous children.

A large number of consultants also consider it important to prepare parents and families for school. Mistrust and lack of understanding of protocols and practicalities of the school system on the part of parents, were both identified by consultants as issues impacting on Indigenous children's transitions to school.

2.2 Key process and practice issues

The following issues were acknowledged by the majority of consultants as relevant to any research and program planning process undertaken in the area of Indigenous early childhood.

2.2.1 Program quality and relationships

Several consultants identified the issue of *quality* versus *type* of intervention, and emphasised the importance of quality to efficacy of any program. Quality of early childhood programs can be discussed in terms of measurable elements of the *program setting* such as quality of equipment, staff-child ratios and staff training and qualifications. It can also refer to *process* or more experiential components, such as how the program is experienced by children and families, as well as staff within it.

Quality of relationships across all levels, (and in educational terms, quality pedagogy) Western was considered by many to be the single most important process component underlying efficacy of any approach taken.

Consultants focussed mainly on the importance of quality and strength of relationship between service provider and parent, which is vital in improving parental self-esteem and self-efficacy, as well as modelling a nurturing relationship for parent and child. An emphasis was also placed on the benefits of strengths-based working as a basis for empowering parents and families to best support their children.

As opposed to a focus on 'needs' or 'problems', strengths-based working involves identifying individual or group skills, interests and assets, and drawing on or developing these in working towards creating positive change.

A number of consultants then linked this issue to 'parallel relationships' (also described in Moore, 2006) and the importance of ongoing supportive relationships across all levels of program development and implementation; ie between services and communities, managers and staff, and across sectors. Poor management and lack of support, such as professional development and mentoring, for professional and community-based staff working in early childhood health and education programs in Indigenous communities was consistently highlighted as a major issue undermining program success.

Equally, examples were given of remote programs whose success has been primarily attributed to the strength of relationship built between an individual development, health or education worker and community (including parents and local volunteers and workers).

Factors including strength of relationship between services provider and parent, as well as flexible and collaborative working practices were consistently highlighted as key elements central to the success of evidence-based programs discussed throughout this report eg Old's Home-visiting model and the Perry Preschool Project (see boxed text #3.1 and #3.2). It was also recommended that training in family engagement and family partnership strategies (see boxed text #2) has been vital to the success of several Australian initiatives, such as the South Australian Home-visiting Program, and various Families First initiatives (New South Wales).

#2 Professional development/ training approaches

- **Hilton-Davis Family Partnership model**

The model, developed by the Centre for Parent and Child Support, Kings College, UK (www.cpcs.org.uk), Western Australia developed to provide practitioners with the insight and skills to work in genuine collaborative partnership with families. The model aims to facilitate self-esteem and self-efficacy in parents, while engaging them in joint problem solving strategies. The Basic course consists of 10 3.5 hour sessions and has been delivered to professionals participating in a wide range of initiatives around Australia including Families First projects (NEW SOUTH WESTERN AUSTRALIA), and Best Start (Victoria) as well as home-visiting programs in South Australia and Western Australia. Anecdotal feedback from various Australian states indicates marked improvements in service outcomes as a result of this training.

To the best of our knowledge the model has not yet been evaluated in Australia, but Studies by the Kings College, UK, including randomised trials, have shown significant improvements in the psychosocial functioning of parents and in the development and well-being of children as a result of working with practitioners trained in the Family Partnership approach.

This training is scheduled to be delivered to all maternal and child health community nurses in the Northern Territory later this year.

- **Strong Beginnings**

This is an explicit guide to quality practice in the early years developed to complement delivery of the Northern Territory early years curriculum. The resource is accessible to staff working in diverse contexts and with a range of qualifications and experiences. Professional development modules focusing on the pedagogical framework 'REAL' (Relationships and Partnerships, Environments, Active Learning Approaches and Language Development) in the resource have been developed and trialed during 2005 and 2006. These modules have been highly regarded with over 200 teachers participating.

2.2.2 Adaptation and development of programs for an Indigenous context

'The replacement model'?

While some consultants advocated development and trialing of evidence-based interventions, others questioned the applicability of established models as well as of traditional research approaches to Indigenous communities due to cultural difference, as well as the practicalities of working in extremely disadvantaged and remote conditions.

The application of (educational) models developed outside of an Indigenous context for example, has been referred to as '*the replacement model*', and criticised as *assimilationist* or laden with Western expectations regarding desired behaviours and outcomes. Nearly all consultants, did however, acknowledge that if an established program is applied to an Indigenous community it will need to be adapted greatly in terms of content, implementation methods as well as outcomes expected. The changes we are looking for in Indigenous children and families are likely to differ from those measured in a similar program developed for an urban or another cultural context.

In doing so, the Child Health, Education and Development alliance would need to consider and understand Indigenous styles of parenting or child rearing as well as learning styles in designing the research agenda. As discussed further below, several consultants emphasised the need to better understand Indigenous early childhood development patterns (social/ emotional and cognitive) before designing and measuring efficacy of any early childhood interventions. Alternately several consultants argue that Indigenous children have similar fundamental developmental needs to children elsewhere, therefore the 'core components' needing to be addressed through any program or intervention would be similar.

A related issue discussed was the importance of Indigenous-specific as opposed to universal approaches to service delivery, particularly in mixed cultural settings. Due to the different socio-cultural needs mentioned, a large number of consultants considered that Indigenous-specific (bicultural) early childhood programs are vital. However, several consultants placed greater emphasis on improving relevance of, and access to universal health and education services.

In education terms for example, many suggested that mainstream systems should not be '*let off the hook*', and that until now, Indigenous education programs have been 'bolted on' rather than 'built in', or truly incorporated into mainstream efforts (MCEETYA, 2006). Approaches recommended did however vary, for urban as opposed to remote communities.

A final consideration in relation to this issue is the practical reality of program implementation in highly remote and disadvantaged settings. Consultants drew our attention to the general lack of access to even basic services and facilities (as well as professional support and training), and that programs need to be highly flexible in terms of delivery in a resource poor setting.

A few consultants also pointed out that several evidence-based programs such as home-visiting and Head Start programs are designed to be most effective for a certain disadvantaged portion of the population yet may assume a certain level of functionality which in fact excludes some most disadvantaged families. This should be considered if developing established interventions for remote and highly disadvantaged settings.

2.2.3 Community Ownership and Involvement in project development

Nearly all consultants emphasised that any program or research process needs to be firmly embedded in Indigenous community and culture. Consultants largely agreed that community involvement in all stages of planning and delivery is the best way to ensure cultural and community relevance of program content and delivery as well as to ensure community engagement, acceptance and ownership of programs delivered.

The mode and degree of participation by Indigenous community members recommended by consultants varied. Several considered that community members should be involved from very early stages of project development (as in the example of the WAACHS), and must be involved in any project advisory groups formed. It was recommended that a core Indigenous advisory group

should be formed as soon as viable, and that this group could work in collaboration with government or the proposed research group in an ongoing advisory role.

As discussed further below (section 4.1), many consider that community development and participatory action research approaches are the best means of genuinely engaging community in research and project development processes, as well as to foster a sense of community ownership. Several consultants wished to emphasise that any project or approach has to start with a whole of community consultation around objectives and methodology (*'we always say it but don't do it'*). We need to establish community views around what children need.

'What do Indigenous children/ families, want / value/ need, and what do they want to achieve?'

Others suggested however, that in their experience, it is possible to consult and reach agreement with community members once reasonable and logical program parameters have been established based on previous research and consultation literature.

3. Recommended approaches towards improving Indigenous school readiness

In general consultants differed in their recommendations for the Child Health, Education and Development alliance based on a focus on best-practice service delivery and a concept of 'what's needed now', versus an emphasis on a 'more viable' discrete research approach, and first establishing evidence around 'what works' in Indigenous communities. Of the former, quite a few consultants considered that sufficient evidence points to an urgent need for a community development approach as well as comprehensive and integrated service delivery models, rather than development of new discrete programs and intervention trials.

3.1 Potential Avenues for research on school readiness

The two primary research approaches discussed were intervention research (development and trialing of specific programs) and more *'foundational'* research around Indigenous development and learning styles, as well as program strategies. A range of relevant research methodologies were also discussed.

3.1.1 Foundational research

Many consultants recommended undertaking foundational research into Indigenous early childhood development rather than 'rushing headlong' into program trials. Various consultants considered that while some valuable work has been done, there is a need to establish a greater understanding of program variables (such as Indigenous development and learning styles) and better evidence around various program strategies and measurement tools as a basis for designing and developing interventions.

Research topics recommended by consultants included:

- **Indigenous development and learning styles**
 - Development: What are age appropriate milestones for Indigenous kids; how do Indigenous people perceive developmental milestones?
 - Resiliency: Risk and Protective Factors; Culture as a basis for building resilience (as well as social and health-related factors); what are the capacities of Indigenous children (as a basis for strengths-based working)?
 - Indigenous parenting/ child-rearing practices: eg Documentation and comparative studies of Indigenous parenting practices and their impact on different spheres of development, security and attachment.
- **Strategies for engaging and working with Indigenous families and children**
 - Relationships: factors which are important in building relationships with Indigenous families.

- Better documentation/ analysis of 'best-practice' Indigenous children's services and strategies.
- **Evaluation tools/ developmental scales**
 - Development of scales to measure cognitive (and other spheres of) development in Indigenous children
 - Validation of current screening and developmental/ risk assessment tools for use by existing services in remote communities

3.1.2 Program trials: Effectiveness studies

As discussed, an equal number of consultants were of the view that while such foundational research would no doubt make a valuable contribution to program design, that sufficient evidence exists to support the development and trialling of programs based on models shown to have been effective in a range of population samples. Several consultants advised developing and researching a discrete and well defined project able to be 'rolled out' if trials are successful. Several suggested focussing on effectiveness rather than efficacy studies of well-established models, and establishing '*what will work best considering all the barriers*'.

Home-visiting models such as the David Olds' model were considered to be the most appropriate 'defined package' able to be developed and trialled in Indigenous communities (see boxed text #3.1). Strong evidence also supports the efficacy of pre-school based early childhood programs such as the Perry Pre-school Project and Head Start (boxed text #3.2). Evidence is also needed, however around both efficacy and effectiveness of several other less well researched programs and interventions (boxed text #3.3).

It was considered that larger scale comprehensive programs favoured from a service delivery perspective (boxed text #4) generally do not lead themselves to studies of effectiveness.

3.1 Home-visiting

The strongest evidence around home-visiting models is based on the **David Olds model** of sustained nurse home-visiting for mothers delivered ante-natally until children are aged 2. Two large initial RCTs were successful in improving parental care of the child, maternal life course as well as longer term (teenage) outcomes for the children involved (Olds, 2002). The program has been rolled out to over 150 sites around the USA.

Important program elements which were highlighted by consultants and in the literature included:

- Strength of the nurse-family partnership: flexible ways of working, as well as ongoing training and technical support for nurses
- Collaboration with community: The program must 'fit with' and be supported by local communities, and ongoing community support is provided

There is currently a great deal of interest in sustained home-visiting models around Australia, and several trials are being conducted and planned. Several evaluations have indicated good engagement and retention rates, as well as positive pre-post intervention results across various domains including health and psycho-social wellbeing of both parents and children. No Australian trials have yet produced data around longer-term outcomes.

The Miller Early Childhood Sustained Home-visiting program (**MESCH**) trial being conducted by Centre for Health Equity Training Research and Evaluation, University of NEW SOUTH WALES, is a randomized control trial of a sustained home visiting program delivered to disadvantaged parents ante-natally till aged 2 (the youngest child will turn 2 in August this year). The sample includes 7-10% Indigenous families, as well as 50% from CALD backgrounds. Regular evaluations were being conducted with participants from both control and intervention groups approximately 6 monthly up until the end of term one of the child's first year of school. Evaluation results are not yet at hand.

The **South Australian sustained home-visiting program** is currently being evaluated by the Australian Centre for child protection with regards to Indigenous participants. This program is delivered to families based on a set of selection criteria, of which Indigenous status is one. The evaluation report is not yet available, yet discussions with project evaluators indicated that (similar to the Old's Study) elements most important to engagement of families and program efficacy include flexible working, strength of relationship between visitor and parents, as well as integrated working strategies and collaboration across services.

Best Beginnings home visiting program (Western Australia). This extended, strengths-based home visiting program is based on referral of children ante-natally or until 3 months old with visits till aged 2 years. A structured program is provided in a flexible manner by a representative from a team of nurses, psychologists, social workers or teachers. Aboriginal health workers are employed as part of the team in some of the eight sites. The program currently engages a large number of Indigenous families, and is looking at improving their approaches to better suit this group.

A 2004 process evaluation conducted in collaboration with the Telethon Institute for Child Health indicated that the program has been implemented with integrity and coherence, is appropriately targeting clients, retaining them in the program, and having a positive effect on the lives of parents and children (Robson and Clark, 2004). A 2006 report summarising a range of client data from 2000-2005, including pre- and post program parent questionnaires and visitor observation data, demonstrated significant improvements in factors such as housing stability, social isolation/ connection to services, drug and alcohol usage and family violence, as well as in health behaviors such as use of contraception and breastfeeding (Clark, 2006).

Another former Australian program identified by consultants was the Queensland Indigenous Home Support Workers: Early Childhood (**IHSO:EC**) run by Queensland Crèche and Kindergarten Association under the National Indigenous English Literacy and Numeracy Strategy (NIELNS), DEST. Eight part-time Indigenous Home Support Workers supported Indigenous families with young children either individually through home visits, or as a group through small playgroups. A report presented by Karen Martin (2003) discusses the difficulties encountered in reconciling provision of culturally appropriate care, with the need to prepare families and children for 'white systems', ie to avoid a goal of assimilation. The report recommends that the project could serve as a useful template for other 'transitional' Indigenous early years programs to be run through existing services.

Consultants also drew our attention to several local examples of more or less formal home-visiting programs, such as those run by Central Australian Congress and Good Beginnings in Katherine. Other programs recommended included **Home-makers** projects in both South Australia and the Northern Territory (under Communities for Children funding: Anglicare). These initiatives involve home-visiting by local Indigenous visitors who are trained to engage with young families, and to observe developmental delay in a culturally appropriate setting.

The **New South Wales Aboriginal Maternal and Infant Health Strategy** which includes home-visiting amongst other community development and engagement strategies, has also led to significant improvements in child health as well as high satisfaction rates amongst clients. Comparison of 2004 population data with pre-program data demonstrated improvements in perinatal morbidity and mortality, number of Indigenous women attending their first ante-natal visit before 20 weeks gestation, and breastfeeding rates (New South Wales Health, 2005). New South Wales Department of Community Services has recently announced additional funding to roll out the program across the state (to more than 40 sites).

Several other program models discussed throughout this report also include a home-visiting as an important component of a wider strategy. These include early learning programs such as Home Instruction for Parents of Preschool Youngsters (see below #3.3), as well as integrated pre-school programs (see below # 3.2). Less formal and volunteer home-visiting programs also operate widely as part of integrated childhood initiatives such as Families First and Best Start (see below #4.1).

Again, implementation of established home-visiting models in remote communities would require careful consideration. A few consultants indicated that there may be issues with who can visit, and where. If non-Indigenous nurses were delivering the program, they would need to be accompanied by an Indigenous partner. Some considered that it may not always be appropriate to visit in the home, and that many parents often prefer to meet in a neutral setting such as a family or community center.

3.2 Integrated quality early childhood (eg pre-school-based) programs

Another valuable evidence-based model recommended as a potential basis for intervention trials was pre-school based early childhood programs such as the Perry pre-school project and Head Start. Some of the best evidence for this type of intervention is around the Perry-pre-school project. This 2 year pre-school model (for 3/4 year olds) emphasised self-initiated, participatory learning, plus weekly or fortnightly home-visits by teachers to parents. The program led to significant improvements in longer term outcomes for children in domains of education, economic performance, crime prevention, family relationships and health (Schweinhart).

Important program elements which were highlighted in evaluations included:

- high-level teaching qualifications and teacher training in a participatory education model
- development of a strong partnership with parents

As mentioned, while often cited, the Perry Pre-school Program and related projects such as the Abecedarian program have not been widely implemented and have undergone few trials of effectiveness in varied populations outside the UK, and no analogous models have yet been implemented in Australia.

Important pre-school-linked initiatives being implemented in Australia include Multifunctional Aboriginal Children's Services, mobile pre-school programs and both-ways learning approaches to teaching. These projects are described in Appendix 6.2.

General issues relating to development pre-school based models which were brought up by consultants included:

- The benefits of structured vs. play-based learning:

Several consultants considered that a focus on self-esteem and social-emotional development e.g. through more open learning approaches, would be most beneficial as preparation for school. Others emphasised the benefits of providing structured learning at early stages in order to avoid a need to 'catch-up' on entering school.

- Importance of curriculum vs. other program elements:

Other consultants argued that teacher-parent relations and modelling of parental involvement in child learning is in fact the most important element underlying efficacy of these programs regardless of curriculum or learning approaches.

3.1.3 Relevance of Randomised controlled trial methodology to the Indigenous context

Consultants held a range of views regarding randomised controlled trials (RCTs). Several consultants advocated randomisation of communities to intervention groups in trialing whatever program was developed. Many consultants considered, however, that a RCT would be very difficult to establish based around remote Indigenous communities at a practical level. An alternative design may be the use of population based intervention and control groups.

While still considered the gold standard of evidence-based practice, several consultants consider that program efficacy in fact relies on a blend of research-based evidence, practice and family wisdom and values (rather than research-based evidence alone). A number of consultants considered that RCTs offer limited findings, and in order to gain a more detailed picture of program elements leading to efficacy in various communities the Child Health, Education and Development alliance should take a broader approach to program design and evaluation methodology including in-depth qualitative methods, and participatory action research.

3.3 Other programs of interest

The following program models were also recommended and discussed in light of possible program trials. Some do not have a strong evidence basis, and a number of consultants recommended that further research around such models may be useful.

- **Parent-child early learning and literacy programs:**

SHELLS (Support at Home for Early Language and Literacy), developed by the University of Newcastle, is a community based program delivered through Schools as Community Centre sites in New South Wales. The program is mainly structured around educational group meetings for parents, with childcare provided, though parent-child activities are also generally included. Facilitators are employed from local communities to encourage local ownership of the projects. A recent evaluation indicated high Indigenous involvement and retention rates. The largely qualitative evaluation conducted between 2002-2004 (Makin and Spedding, 2004) reported outcomes including:

- Increased parental knowledge and self-confidence around literacy learning, and wider parenting behaviours
- Improved interest in learning and self-confidence in children
- Good performance of former participants on entry to school (no control group)

HIPPY, managed by the Brotherhood of St. Lawrence, involves training local parents to work as home-tutors. Home-tutors visit other families in the community fortnightly, and assist parents to work for 15 minutes daily with their children on designated early learning activities. Parents also attend parent group session on alternate weeks for support and discussion regarding wider parenting issues. The program has been implemented amongst multi-cultural communities in Melbourne, as well as an Indigenous community around La Perouse, Sydney. Formal evaluations are being commenced this year (across all locations). Small sample evaluations conducted to date (Dean, 2007) have indicated:

- parental empowerment; improved confidence in parenting and other skills (has also led to parents undertaking further study/ employment)
- improved parent-child relations,
- improved child interest in learning and 'learning readiness' (according to validated psychological procedures)/ Improved transitions to schools (including according to benchmark measures)

Let's Read, developed by CCCH, involves development of professional and parent resources around child literacy, distribution of these resources, and modeling of reading activities to parents and children by a range of respected professional in the community. The program is currently being developed in 29 communities in all states (not territories), and is currently being trialed in Victoria as a community-based cluster RCT.

- **Transition to school programs**

Transition to school initiatives generally involve inviting (and actively transporting) children of pre-school age to school, generally accompanied by an elder relative or sibling. Parents are encouraged to attend. Similar initiatives have been trialed and are currently running in Indigenous populations in various states and have anecdotally reported positive outcomes in terms of school attendance and readiness (or improved parent and child attitudes to school).

Several transition to school programs are run in conjunction with a range of services around the Australia such as the Save the Children Fund visiting play group (Knuckey's Lagoon/ Manunda Terrace Primary School).

- **Parenting programs**

Several parenting programs which incorporate a parent-child learning approach have been trialed and implemented in Indigenous or analogous populations. These include: Families and Schools together (FAST), Let's Start, and HIPPY (described above).

FAST is currently being widely implemented in communities across Arnhem Land. The program aims to develop social support networks, and through structured family interactive activities, to foster family development and cohesion. The multi-family meetings are run through primary schools, and facilitating teams include school staff, local parent partners as well as local family-related service providers. Pre and post-program evaluations (completed by parents and teachers) in non-Indigenous communities throughout Australia and overseas have consistently indicated improvements in child attention and home and classroom behaviours, improved family bonding and communication, improved social connections for parents and confidence in parenting skills.

The program has reported difficulty in application of standard (questionnaire based) evaluation strategies in remote communities, and is currently redeveloping program evaluation tools to suit Indigenous settings. Conversations with the program director have indicated that the programs are achieving excellent program engagement and satisfaction rates, as well as positive changes in parent-child connections and children's wider behaviours. Final evaluations have however not yet been officially released.

Let's Start, recently developed by School for Social Policy Research, Charles Darwin University, focuses on supporting parents of children with behavioural issues, and parents generally in need of parenting support. The program is currently operating in multiple sites in Darwin and Tiwi Islands. Sessions facilitated by trained local and visiting workers provide interactive parent-child activities as well as separated structured children's activities and parenting discussions. An evaluation of Let's Start's precursor Ngaripirriga'ajirri, delivered on Tiwi from 2000-2004 was based on observation and psychometric evaluation of parent's and children's responses, and demonstrated a significant decline in problem behaviours for the children involved (Robinson and Tyler, 2006).

- **Supported playgroups:**

A wide range of supported groups are operating around Australia. Several have a CALD or Indigenous population focus. These groups often incorporate visiting service providers and speakers, and work in collaboration with schools or pre-schools towards improved transitions to schools.

Notable local program examples discussed by consultants included **Play and Learn** Playgroups facilitated by Good Beginnings in Darwin and Katherine. Evaluations for these sites have not yet been made available.

Play and Learn activities are also run under communities for Children Funding in three sites in Arnhem land. The groups are run by visiting and local facilitators who are trained in early identification and observation of children with early learning and developmental delay. Local evaluations of this initiative have also not yet been made available.

Mobile playgroups are also run by a range of organizations in various locations around the Northern Territory, for example the Save the Children Fund run mobile playgroups in Darwin and Palmerston Town communities. The Sandover region Mobile Early Childhood Service provides playgroup (MECS) for 0-5 year olds in 7 communities in the Eastern McDonald ranges. The MECS will be evaluated later this year by Bachelor Institute for Early Childhood.

While evaluations of the Darwin scheme have not been made available, anecdotal reports from workers indicate that they have had moderate success in improving school attendance rates and readiness for school (many school aged children also attend the playgroup... and are welcomed, encouraged to learn, and assisted to transition to school). Project workers have related that a vital component of this program has been establishing the trust of community members who had former negative, or unfruitful experiences with various services. Continuity of presence and facilitating follow-up on wider family issues were stated as essential in gaining trust, and creating change.

4. Principles of service delivery: 'what's needed now?'

As indicated, a large number of consultants were dubious about the probable effectiveness of developing discrete intervention trials in remote communities, and emphasised the need for more comprehensive service delivery approaches. These are considered to be less compatible with traditional research processes (ie not amenable to RCT). The Child Health, Education and Development alliance may therefore wish to consider development of qualitative and Indigenous inclusive research processes.

Advocates of a more comprehensive approach recommended '**outcome-focused' planning and evaluation** as a basis for any programs or projects developed. This involves clear identification of outcomes sought, therefore project objectives, and selection of strategies involved in achieving these. For evaluation purposes, both quantitative and qualitative indicators relating to each objective are selected and measured.

An emphasis is also generally placed on 'process' evaluation, or examination of the efficacy of various program 'elements' and strategies, and understanding *how* strategies logically lead to outcomes, alongside measurement of outcomes (Moore, 2007). This type of approach is considered most compatible with an action learning approach (described further below). These methods are currently gaining popularity and are widely employed in planning and evaluation throughout the health and early childhood service delivery sector.

An equal number of consultants considered that focused community development in remote communities is a vital antecedent to the success of any more specific intervention work, and that similarly, alternative research methodologies would need to be considered in development and evaluation of this type of approach.

4.1 Community development approaches

A few consultants noted that while several programs have 'done some good' their efficacy is limited by the social issues constantly impacting on families living in most Indigenous communities. From a wider service delivery perspective, a large number of consultants called for a whole of community and community-centered approach, as well as for sustained long-term projects in remote communities in order to create meaningful and lasting change. Indeed, the majority of consultants considered that incorporation of '*some sort of*' Community development approach into any project undertaken, would be necessary in order to address the fundamental issues of social and cultural dissolution which impact so heavily on families and children as well as the wider Indigenous community.

Most Community Development models focus on developing local capacity to create and sustain change within their own communities. As already stressed by a large number of consultants, local community members must be centrally involved in any research, program development and evaluation processes, as well as ongoing program delivery. Training, as well as ongoing support and mentoring of local Indigenous research and program staff is considered essential to sustainability of any initiatives developed.

As well as developing capacity of local adult participants, a few consultants reminded us that early childhood interventions and education in general **are** a first step towards community development through improving the opportunities for children to develop to their fullest possible potential.

4.1.2 Participatory action research

Participatory action research methodology supports a community development approach. It emphasises community consultation as well as practical involvement and engagement of community members in all stages of the research process. It aims to develop local capacity to own and sustain local development work.

#4.1 Integrated service delivery models

- **NEW SOUTH WALES: Families first**

The New South Wales Families First Framework is coordinated at the policy level by five key departments (Community Services, Health and Housing, Disability and Home care, Education and Training and Ageing). Local management committees and implementation groups coordinate implementation in each local government area (LGA) of New South Wales. Families First focuses on establishing an integrated network of services based on those already existing in each local area. Additional community services and programs are funded on a grants-type basis according to local need as assessed by the local committee. Services currently funded under Families First include home-visiting programs, supported playgroups and Schools as Community Centre programs. No integrated evaluation of the Families First initiative is yet available.

- **Best Start**

Best Start is an initiative driven by the Victorian Department of Human Service and Department of Education and Training in collaboration with 7 other key departments. Similar to Families First, local committees and facilitators oversee planning and implementation in 11 Local Government Areas. The initiative focuses on promoting and strengthening a universal early years 'platform' of services; increasing access by vulnerable families, and on flexible and integrated service delivery. Key priorities of the initiative include formation of partnerships and links between sectors, services and members of the community, as well as on education and information provision.

Planning is outcomes-based around Best Start Indicators. Community profiles are developed, and communities choose 3 or 4 of the 12 indicators to focus on. A statewide evaluation conducted by the University of Melbourne (Dunt et. al., 2006) identified significant improvements in collaborative working and service planning in response to local needs across all areas. Early positive outcomes identified included improvements in breastfeeding rates and attendance at Maternal and child health centers, as well as literacy-related gains and communities being perceived to be more 'child-friendly'.

Two **Aboriginal Best Start** projects have not yet been fully evaluated, yet key challenges identified in the statewide evaluation included tensions surrounding the role and resourcing of the Indigenous Best Start facilitator, that is, additional pressures and responsibilities conferred as a result of being a local family and community member subject to kinship and family ties. A second challenge identified, was the need for a significant amount of community development to be undertaken, in order to achieve basic service development goals.

Western Australian **Aboriginal Best Start** focuses on school readiness, strengths-based working with parents and developing services and activities in response to local community needs. Discussions with a program director indicated that the program is overdue for review, and that several sites are not operating, or not maximizing the potential of the program.

Child and family 'Hubs' or centres were also discussed and were generally considered to be a '*logical basis for integrated service delivery*'. Family or Children's centre models provide a focus for family and community engagement and involvement, and often involve a community development approach. Consultants also gave several examples of remote Indigenous child and family (community) or women's centre projects in the Northern Territory which have been moderately successful in engaging and assisting local families (see boxed text #4.2). Programs delivered through the centres have included nutrition, parenting and child-care.

Several consultants considered that while this model could provide an ideal 'vehicle' for delivery of varied programs or program components, that it would be more difficult to control '*what parents are getting*', and that care would need to be taken to ensure delivery of core or evidence-based program content.

5. Summary and concluding comments

This review has served to outline key views of a wide range of experts from both the Northern Territory and interstate, regarding best advisable approaches towards addressing the issue of School Readiness in Indigenous children.

#4.2 Child and family centres or 'Hubs'

- **School-based models**

There are now 51 **Schools as Community Center (SACC)** projects happening across New South Wales under Families First. These projects focus on developing support for parents of children aged 0-8. Each project employs a coordinator to facilitate engagement of local families and development of programs and activities in response to local needs (e.g. playgroups, transition to school programs, parent education programs). The coordinator also facilitates connection of parents to services, as well as improved integration of services and integrated services responses to need.

Despite a swathe of positive feedback, no formal evaluations of these projects are yet available.

The **ACT** program is based on similar principals to the NEW SOUTH WESTERN AUSTRALIALES program. As well as facilitating local initiatives, facilitators take on an outreach role including home-visiting. The program is funded recurrently by the Department of Education and community services. No evaluation of this initiative has yet been performed.

South Australia has recently commenced development of 20 new Family and children's 'hubs' based on the success of the 'Café Enfield' project in Adelaide which took a strong community development approach. The new centers aim to act as 'A One Stop Shop for families', i.e. provide direct access to a full range of relevant government services and programs across departments. The centers will also deliver multiple and integrated interventions targeting different domains influencing child development and wellbeing, e.g. parenting and early-learning programs, child-care and special needs services.

Two similar projects have been initiated in the Darwin region initially under separate State government funding arrangements. Moulden Park School and Neighborhood center has focused on engaging local parents, as well as facilitation of parent and family focused activities and programs. The Tata centre focuses on developing programs and activities for families with children aged 0-5, as well as facilitating coordinated services responses to local needs (e.g. establishing a local multicultural playgroup and Indigenous led home cooking program), and transition to school activities. No recent evaluations have been produced.

- **Childcare Links**

This National initiative aims to coordinate and integrate early childhood services in areas of high disadvantage using Commonwealth funded child care services as community hubs. A local CCL worker works in collaboration with communities and services to identify and respond to community needs and service gaps. The model focuses on community capacity building both within and external to the childcare centre, and ensuring sustainability of networks/ advances made. While broad aspects of the CCL model have been applied to each site, strategies vary between sites according to different workers/ community needs.

A National evaluation of the model conducted in 2005 (CCCH) indicated that the model is an effective means for developing social capital, and that childcare services are an effective platform from which to support families with young children. Specific site evaluations were not included in this evaluation.

NT sites included Tjikala as well as Yuendumu, Mt. Liebig and Mutijulu. The latter three sites were developed as part of the '**Integrated Early Childhood Project**', Alice Springs. Facilitators initially spent a week per month at each site working to implement recommendations of extensive community consultations. However since support has ended, former project facilitators have reported that only the Yuendumu project is still functioning well due to a devoted local worker remaining on-site.

- **Katherine: Good Beginnings Australia Early Childhood Center**

This early childhood center is run under Red Cross/ Communities for Children Funding. The centre has been operating for 10 years, and has evolved to meet community demands. Programs based at the center include: Volunteer Home-visiting, new Baby group, a range of supported playgroups (including at the local primary school and in remote communities), individual and group parenting and other education programs. A Family support worker and Early childhood worker are also based at the center which aims to improve both continuity of care, integration of services and connection of families to services.

A recent (CCCH 2007) evaluation report, reviews Good Beginnings Early childhood centers across Australia. However, a specific case study of the Katherine Site is not provided (no site visits were conducted to the NT).

- **Family and Children's (Women's) centers**

Formerly developed across the top-end, funding was cut to Womens' centers 1996. A large number of consultants have offered positive anecdotal reports about the success of various centers in engaging and involving local women, children and wider community in activities such as nutrition programs, as well as offering a safe place for local women and children. Several of these centers are still operating at varied levels of function. Many have suffered from withdrawal of funding and support.

Fred Hollow's foundation and Ian Thorpe fountain for youth are currently both working to resource and support women's centers in the Jaowyn region. Initiatives supported through the centers include development of early learning activities (pre-school or crèche), development of health/ nutrition education programs/ activities, breakfast and lunch program for school children and the elderly.

In considering the range of recommendations made, there may appear initially to be a conflict between a focus on development of discrete program trials (and RCT methodology), and an emphasis on comprehensive service delivery, outcome-focused planning, and community development approaches. It seems likely however, that further discussions between consultants would reveal a greater compatibility of approaches than initially apparent, and that views may represent an emphasis on different stages of a potential research and program development continuum.

Advocates for a research-focused approach might argue that once trial-based evidence has been established around efficacy of various discrete interventions (or program strategies), that these can then be incorporated into broader comprehensive strategies. Furthermore it is possible to be mindful of community development goals through any research process implemented.

Accepting then, the need for a research agenda; as mentioned at the opening of this summary the majority of consultants acknowledged that the field of early childhood research in Australia can be characterised by a general paucity of evidence around 'what works' in Indigenous communities, therefore that the Child Health, Education and Development alliance is faced with a very broad and open field remaining to be explored. Differing recommendations regarding research approaches might be constructively summarised and considered by the Child Health, Education and Development alliance in terms of a somewhat simplified outcomes-focused planning framework, as follows;

Firstly, it was widely acknowledged that the Child Health, Education and Development alliance will need to commence with a definition of outcomes sought, that is, a definition of the concept of School Readiness; What changes are we looking to effect in Indigenous children, and what is it that Indigenous families, children and communities want, value and need?

Secondly the Child Health, Education and Development alliance will need to consider core strategies or program elements designed to affect these outcomes. Consultants were divided in their views regarding whether sufficient evidence exists around core program components which are considered effective across populations, versus those who advocate more foundational research around what is likely to be effective in Indigenous communities. While several consultants advocated careful re-development and trialing of significant evidence-based programs such as the Old's extended home-visiting model, many advised extreme caution in adaptation of models developed in other contexts, which often carry expectations of assimilation or cultural 'replacement'.

Overall consultants were in agreement regarding certain key principals of working to be applied to any strategies developed. That is, all consultants acknowledged the vital importance of Indigenous involvement in all project processes. Consultants also emphasised the central importance of quality to program efficacy, notably quality of relationships between parent and service provider, and re-iterated the need for appropriate training and ongoing support for all service-providers and community members involved.

Thirdly, the Child Health, Education and Development alliance will need to decide on research methodologies to be employed in program development and evaluation. Consultants were divided in their support of RCT methodology, versus richer qualitative methods, and use of participatory action research methodology.

Ideally these diverse research approaches need not be completely incompatible. Learning from the experience of other programs trialed in Indigenous settings, research and evaluation approaches developed may benefit from incorporating elements of each of these approaches. Several programs discussed in this review which have applied RCT methodology, have also involved process-level evaluations, at times including action research strategies.

As a final comment, it may be informative to refer again to the process involved in development of respected 'evidence-based' examples such as David Old's home-visiting model, also referred to as the Nurse-Family Partnership, which incorporates a range of approaches highlighted in this

summary. The program was developed based on both evidence-based program content, and theories emphasising parental empowerment and community connection. The model was designed to be delivered flexibly, and places an emphasis on quality of relationships between nurse and families, as well as sustained collaboration with communities, including development of local community capacity to deliver the program effectively.

The authors of the program are highly cautionary regarding adaptation of the program to a new setting. In doing so, they emphasise fidelity to the model tested in the RCTs, careful collaboration with community leaders, as well as excellent training and support of home-visitors. They also state that the program will not thrive 'unless there is clear need for the program and community consensus that it is an important strategy' (Olds, 2002).

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6. Appendices

6.1 List of consultants

NAME	POSITION
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David Engelhardt	CEO: South Australian Department of Child and Youth health
Dr. Fiona Arney	Senior research fellow: Australian Centre for Child Protection: Indigenous Child Health
NEW SOUTH WALES	
Ass. Prof. Victor Nossar	Associate Dean of Medicine: University of Notre Dame
Janet Sora	Principal policy officer : Families First: Communities division, Department of Community Services
Dr. Lyn Kemp	Director: Centre for Health Equity Training Research and Evaluation, University of New South Wales
Prof. Graham Vimpani	Head of Discipline of Paediatrics & Child Health: University of Newcastle
Ass Prof. Paul Torzillo	Prince Alfred Hospital
Dr. Garth Alperstein	Research Associate, University of Sydney
Dr. Ken Wyatt	Director: Aboriginal health: New South Wales Department of Health
WESTERN AUSTRALIA	
Prof. Bill Loudon	Dean of the Graduate School of Education: University of Western Australia
Colleen Hayward	Director: Kalunga Research Network (TICH)
Lyn Whiteside	WESTERN AUSTRALIA Department of Education: Early childhood education
Prof Stephen Zubrick	Professor, Curtin University Centre for Developmental Health Head, Division of Population Science Telethon Institute for Child Health Research
Prof Sven Silburn	Director, Centre for Developmental Health, Division of Population Sciences
Prof Sherry Saggars	Director, Centre for Social Research Edith Cowan Australian University
Victoria	
June Mc Loughlin	Centre for Community Child Health, Royal Children's Hospital: Director Policy and service development unit
Ass. Prof. Melissa Wake	Director: Research and Public Health unit
Shannon Newman	Senior Project Officer
Dr. Sharon Goldfeldt	Paediatrician and Senior Research Fellow
Dr. Tim Moore	Senior Research Fellow: Early Childhood unit
Dr. Mark Rose	Director: Centre for Indigenous Education, University of Melbourne

Julian Pocock	Executive Officer, Secretariat of National Aboriginal and Islander Child Care (SNAICC)
Rosie Elliot Veronika Johns Michele Maloney	Project Officers (SNAICC)
SuSouth Australian Davies	Director: HIPPY Australia: Brotherhood of St. Lawrence
QUEENSLAND	
Dr. Karen Martin	Senior Lecturer: School of Cultural & Language Studies in Education, Faculty of Education, QUT
Dr. Michael O'Callaghan	Developmental Paediatrician: Mater hospital, Brisbane
NT	
Georgie Nutton	Manager Early Years Teaching, Learning and Standards Division NT Department of Employment, Education and Training (DEET)
Di Halloran	Project Officer: NT Child Youth and Family Health Services
Lee-anne Jarrett-Sims	Acting manager: Children services unit: Remote health: NT Department of Family and Children's services (FACS)
Lesley Barclay	Chair, Health Services Development, Institute of Advanced Studies, Charles Darwin University (CDU)
Dr. Lyn Fasoli	Ass. Prof. Indigenous Early Childhood: Batchelor Institute of Indigenous Tertiary Education
Cindi Kerlake	Assistant section manager: Families and Communities program: FaCSiA
Helen Crawford	Former Director: Office of Children and Families (NT: FACS)
Nareen Carter	Regional Manager, Red Cross, Central Australia
Paul Bubb	Manager two-Ways learning program (NT: DEET)/ Acting principal Yirkalla community school
Rick Browne	School principal: Lahnhapuy Homelands
Valmai McDonald	Central Australia Health. Promotion Training Coordinator: NT Department of Health and Community Services
Terri Cubillo	Coordinator: Strong Women Strong Babies Strong Culture Program
Dr. Barbara Patterson	Program Director, NT Maternal, Child and Youth Health
Nicole O'Reily	Manager, Children's Development Team (NT DHCS)
Ms. Terry Dunbar	Co-Director, Learning Research Group Education and Health Science, School of education, CDU
Ass. Prof. Wendy Brady	Director of the Aboriginal Research and Resource Centre, University of New South Wales
John Boffa	Central Australian Aboriginal Congress Inc.
Tricia Rushton	General Manager: Smith Family, NT
Leanna Hayes (Groote Island) Rachel Sharman (Darwin)	Project Manager : Communities for Children : Anglicare NT

6.2 Additional projects discussed

The following projects were identified by consultants as important examples of approaches operating in the early childhood field. As they focus primarily on either parents or children separately, rather than parents and children together, they have not been highlighted in the body of the report. Descriptions have been added as an appendix, as these may still be useful to full consideration of the range of strategies which have been trialed in Indigenous communities.

Parent-focused approaches/ ante-natal care

- **Strong Women Strong Babies Strong Culture Program (NT: Maternal, Child and Youth health):**

This local mentoring program employs Senior women within communities who are supported to engage younger women, provide advice about healthy behaviour during pregnancy, and to encourage attendance at antenatal clinics. Local women have played a central role in development as well as delivery of the program which varies widely between communities according to different workers (and varied skills), community issues, and resources available in the communities.

A 2003 comparison of pre and post birth weights in intervention and control communities demonstrated significant improvements in birth weights and improved engagement in antenatal care (d'Espaignet et. al., 2003). However no recent evaluations or reviews have been conducted. Anecdotal reports from the director of the program indicate varied success between programs in different communities due to factors mentioned above. Program coordinators have also indicated that overall, women are very positive about the program and 'some good' definitely comes out of it, yet social issues continue to impact heavily on communities and dominate benefits.

- **NT Government Maternal and child health service (urban and remote):**

A universal Maternal and child health service is provided by nurses through both urban Community care Centers and remote health centers. The service aims to make universal contact with all new mothers, either via phone call or home-visit. No extended home-visiting program is currently offered. Discussions with program managers have indicated that development of outreach approaches (e.g. home-visiting) have been restricted by limited resources and capacity.

- **Community health centers** e.g. Sunrise Health corporation, Central Australian Congress

Community focused health centers throughout the Territory offer a range of valuable services to mothers and children.

Central Australian Congress (Alice Springs) for example runs an extensive Maternal and child health program, including ante and post natal education, a birthing center and home-visiting for children aged 0-2 years old. This model is currently being extended to encompass wider age range (antenatal to 3 and transition to school).

Anyinginyi Aboriginal Corporation Tennant Creek:

Offers a wide range of services including a playgroup and health services. Aboriginal women provide antenatal and postnatal care including home visiting.

Child-focused programs: childcare and pre-school initiatives

- **Multifunctional Aboriginal Children's Services (MACS)**

MACS centers, initially developed in all states under commonwealth funding, are multifunctional children's centers aiming to provide holistic, culturally relevant services to Aboriginal children and families. Varied functions, focusing on early childhood care, include long day care, cultural awareness programs, outside hours care, and general family support services (eg access to a MACS support worker).

A national 'short report' was completed in 2000 (Bond, 2000) identified key issues facing the majority of MACS centers including:

- A national shortage of qualified Indigenous staff
- Current accreditation system not culturally relevant/ realistic
- Extreme lack of support and mentoring (isolation) for workers

To the best of our knowledge, no recent evaluations have been completed. In the NT MACS centers are still operating at Alice Springs (Congress Childcare), Katherine and Batchelor. According to FACS licensing restrictions these centers operate primarily as fairly standard childcare services. Broader services and models have been developed in southern states such as NEW SOUTH WESTERN AUSTRALIALES and Victoria.

- **NT: general and 'Innovative' childcare centers**

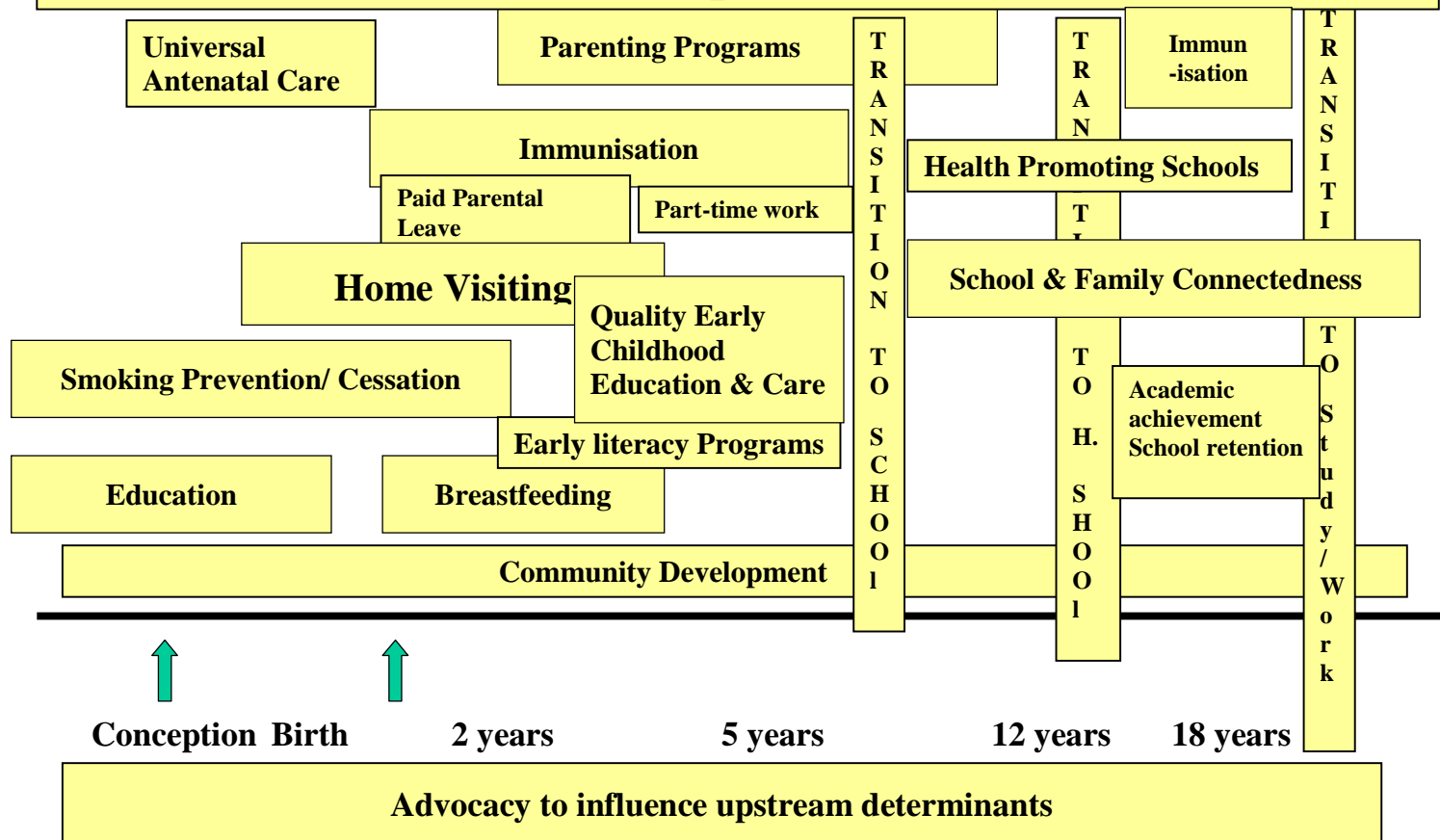
Around 90 Childcare centers operate under federal funding in Indigenous communities in the NT. Evaluations of these centers have not been identified by the group, however many consultants commented that the most of these centers are '*completely culturally inappropriate.*' That is, that strict licensing restrictions regulated by FACS have limited community ownerships of the centers, and that as a result '*childcare centers are not relevant and beyond the reach of community standards.*'

After abolition of the women's centre model, and since the 1990s FACS has been working with several communities to develop 'innovative childcare centers' which are intended to be more responsive to local families and community needs and better connected to wider community activities and services. Again, according to reports by consultants, several of these centers have succeeded in better engaging parents as well as more diverse member of local communities, and are valued as a focus for activities relating to children's wellbeing in communities (Fasoli, 2007).

- **NT: Both-Ways learning programs (pre-school).**

The Both-Ways learning approach is currently applied throughout Indigenous community schools in the NT. The approach places value in learning, and being literate in one's first language before learning others. English is taught initially as a second language. The proportion of teaching in English then increases throughout schooling. Schools employing the approach also focus on developing local capacity as well as widespread awareness around the issues involved, and provide professional development for both Indigenous and non-Indigenous staff. The programs are currently operating in 10 schools (11 programs), as well as 3 catholic schools. This consists around 1/3 of Indigenous enrolments.

Key Initiatives for Improved Health & Social Outcomes From a Prevention, Promotion, Early Intervention Perspective



6.3 Modification of: 'Key initiatives to achieve health gain for children'. Nossar V, Alperstein G. *NEW SOUTH WALES Public Health Bulletin* 1998;9(11):126-127