Footprints To Where We Are

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Disclaimer:

All reasonable effort has been made to check the accuracy of the information included in *Footprints to Where We Are*. This has included direct contact with each service listed prior to publication. SNAICC recognises that details of services and government agencies are constantly changing and as such some errors or omissions should be expected. Information on child welfare and development is intended as a guide only. People or agencies that have concerns in relation to the health, welfare and development of individual children should seek further information and advice.

Privacy Policy:

No information that would contravene privacy legislation has been included in *Footprints to Where We Are*. Only information that is publicly available about service contact details and the programs and focus of services has been included. Personal email addresses or contact details are not included in SNAICC publications.

Other recent SNAICC publications available from the SNAICC office

Connecting Communities: A national directory for Aboriginal and Torres Strait Islander services to increase their capacity to communicate across communities and organisations and connect families and children to the right service at the right time.

Connecting Communities: On-Line Directory. An online version of Connecting Communities can be accessed and searched through the SNAICC website: http://www.snaicc.asn.au

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GOVERNANCE

Acknowledgments

Cover painting – *Our Children Our Future*

Our children's journey and future are affected by our past, our people, our structures and their own individual growth.

The scar tree represents our peoples past hurts and our future that is filled with continual growth. The leaves symbolise how our children are linked with us but will sometimes fall along their journey. With connection to the sound structure of communty they will grow again.

Lifes journey involves many encounters. Cultural strength will assist their pride and identity. The gathering highlights teaching and learning with the elders and young people. Their footprints will continually come for support and guidance, and also walk through the dots of differing people, communities and experiences. They will leave and return like the boomerang.

Through their development and changing life phases, many will shed their skin like that of a snake. They have outgrown what previously encased them. Rites of passage occur yet their core remains. This core is their strength in culture.

The colors of the background show the presence of a bright future with structure, culture and growth. "Our Children are Our Future."

IKANBALA (Richard McLean)
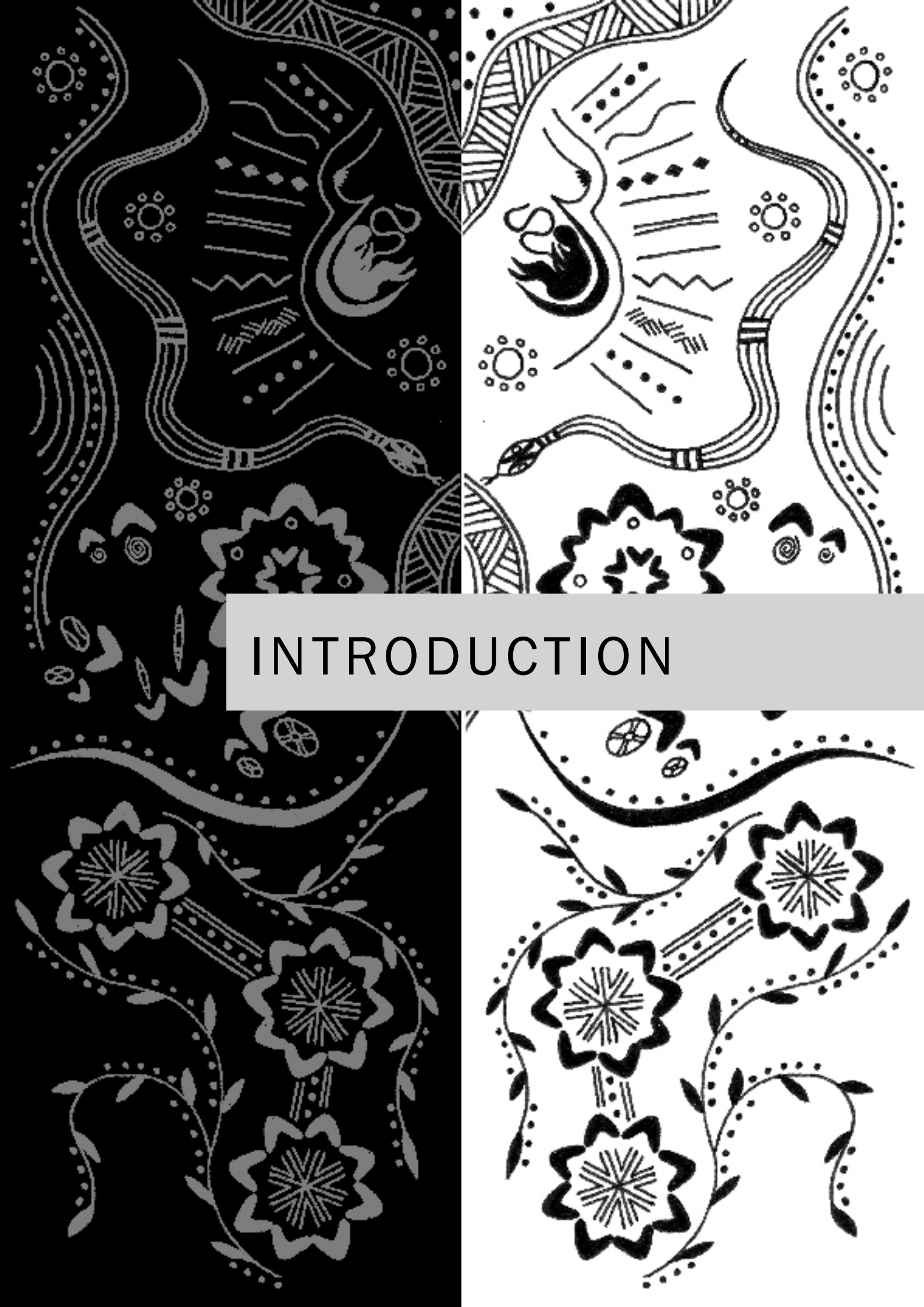
INTRODUCTION

Dots represent individuals outside of SNAICC, the cross-hatch design represents SNAICC

Two lines represent protection from others

Mother protecting her unborn child from the outside sources that may influence her and her child's wellbeing.

Stars, amongst the darkness

The Serpent represents SNAICC, the organisation

Information and group sessions SNAICC provides for families

Families learning from and teaching their children through early years

The reeds represent growth, learning and the future

Organisations that share and provide care and information, stakeholders, etc
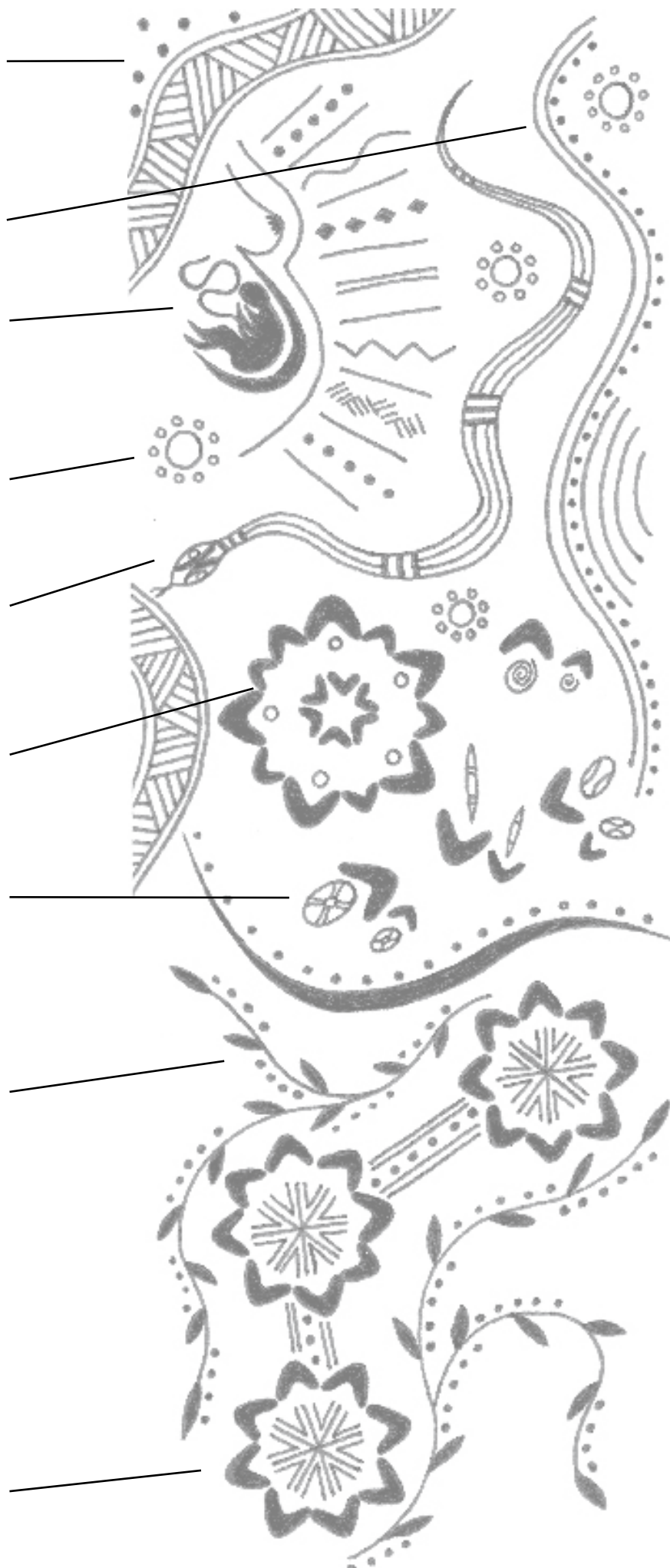
Introduction

Children, their rights, needs and aspirations, lie at the heart of all that SNAICCC does. Part of our responsibility as the national non-government body committed to Aboriginal and Torres Strait Islander children is to highlight why some of our children and families do not enjoy the benefits of this rich and prosperous country – their country, country their ancestors lived in and have been custodians of for over 40,000 years. SNAICC also has a responsibility to highlight the success of local Aboriginal and Torres Strait Islander communities, how they care for and protect their children and how central Aboriginal and Torres Strait Islander culture is to the healthy development of children. A child's culture and identity is the foundation for all aspects of their development and well-being.

SNAICC has produced *Footprints to Where We Are* as part of our capacity building work in the early childhood and child and family welfare fields. Our approach to capacity building is to focus on the strengths of Aboriginal and Torres Strait Islander agencies, seek recognition of their success, have that success influence the development of new services and encourage local agencies, communities and people to take the lead in securing the best life for their children.

Footprints to Where We Are recognises that non-Indigenous services, organisations and people can learn a lot from how Aboriginal and Torres Strait Islander communities approach child rearing, child development and supporting vulnerable families and children. Equally it recognises that western and other non-Indigenous knowledge and belief systems in relation to children need to be understood by our communities and services. Colonisation and the imposition of foreign values and systems has been the cause of much pain and loss within our communities.

SNAICC wants Aboriginal and Torres Strait Islander communities to be able to analyse and understand these foreign systems, use those elements they choose to without diminishing a child's Indigenous cultural identity and give their children the best start in life. *Footprints to Where We Are* aims to equip Aboriginal and Torres Strait Islander communities with the confidence to trust their own cultural knowledge and traditions and combine this with other knowledge to produce the best outcomes for children. We want the best from both worlds.

There are chapters of information on Child Welfare and Child Development that outline how services and systems in those sectors operate, case studies of Aboriginal and Torres Strait Islander services and the importance of services being culturally relevant and culturally safe for our children. We have also included a section on Governance outlining some key concepts and where services or communities can access useful information on governance.

The Australian Government's Department of Family and Community Services funded the production of *Footprints to Where We Are*. It forms part of their commitment to support SNAICC, Aboriginal and Torres Strait Islander agencies and non-Indigenous agencies working directly with children and families.

We have also recently produced a national Aboriginal and Torres Strait Islander children's services directory, *Connecting Communities*, to assist organisations connect families and children to the right service at the right time. There is an online version of *Connecting Communities* which can be accessed via the service directory link on the SNAICC website (www.snaicc.asn.au), whilst printed copies are available from the SNAICC office.

I trust *Footprints to Where We Are* will prove to be a valuable resource for your service and would welcome any suggestions or feedback from you. You can telephone SNAICC at our offices or contact us by email and through the SNAICC website.

Muriel Bamblett, AM

Chairperson - Secretariat of National Aboriginal & Islander Child Care

CHILD WELFARE
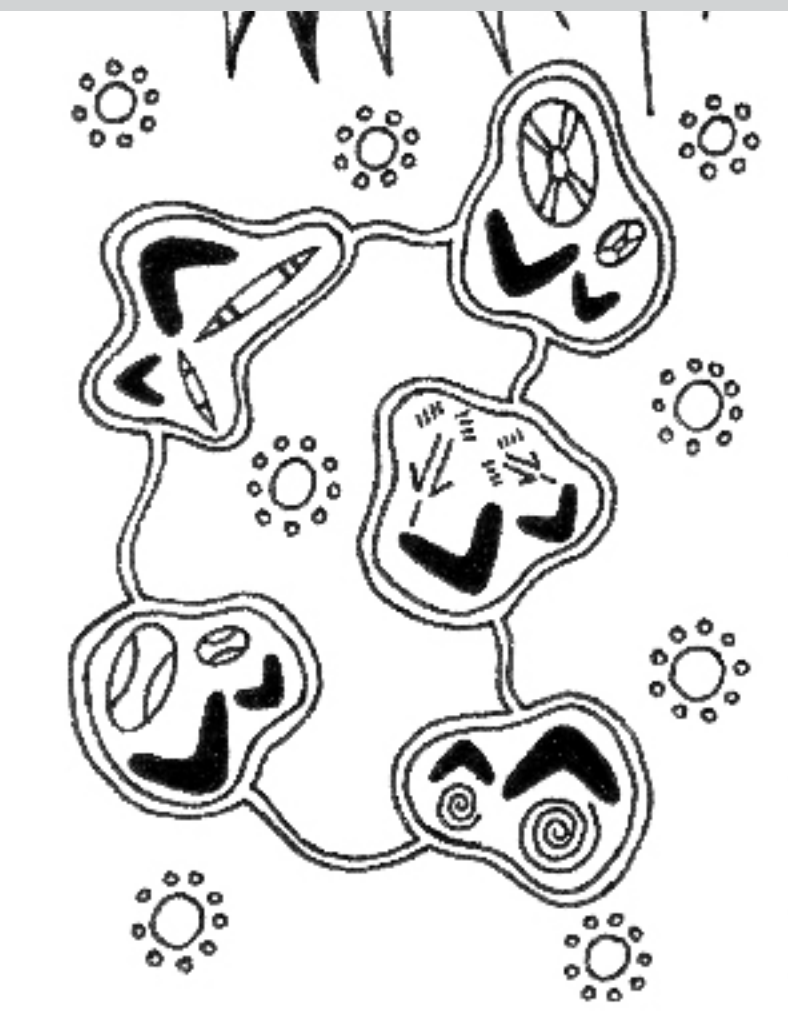
Stars represent the light throughout the darkness

Outside influences in life for parents and children, etc

Digging stick represents protection and providing from the mother; the spears represent protection from the father

Individual parents and families teaching, learning and sharing information and knowledge

The connection of these individual groups into playgroups, health care groups etc

CHILD WELFARE

The Child Welfare section of *Footprints to Where We Are* provides an overview of the range of services concerned with Aboriginal and Torres Strait Islander children's welfare. It has been written to inform services and organisations that may not be fully familiar with the child welfare sector, the role of community based organisations and the approach SNAICC is pursuing in relation to child welfare.

This section includes:

- Background on Aboriginal and Islander Child Care Agencies (AICCAs), how they are evolving to provide a broader range of services and their role in child protection,

- Key Approaches in the child and family welfare sector including SNAICC's approach to child welfare,

- Service provision and key terminology in the child welfare sector; and

- Case Studies which reflect those key approaches and the continuum of service provision.

ABORIGINAL & ISLANDER CHILD AND FAMILY WELFARE SERVICES

Development of Aboriginal & Islander Child and Family Welfare Services

Aboriginal and Islander Child and Family Welfare Services as we know them today commenced in the 1970s as Aboriginal and Islander Child Care Agencies, AICCAs. The first AICCAs were established as Indigenous communities across Australia sought to prevent the ongoing removal of Aboriginal and Torres Strait Islander children by state welfare authorities and their placement with non-Aboriginal families.

Inspired by the success of Native Americans, in particular the Yakima Indian Nation, in reducing the rate of child removal, Mollie Dyer from the Victorian Aboriginal Legal Service returned to Australia to establish the Victorian Aboriginal Child Care Agency, VACCA. VACCA, the Aboriginal Children's Service in Redfern and South Australia's AICCA soon became models and a source of inspiration for a new way of caring for children at risk of abuse or neglect. The establishment of similar agencies in all other States and Territories soon followed.

By 1979 the AICCAs, most still operating as voluntary associations, had decided to develop a national organisation to represent and pursue the rights, needs and aspirations of Aboriginal and Torres Strait Islander families and children.

SNAICC was established as an organisation with broad aims and objectives which go beyond child welfare to focus on the rights of Aboriginal and Torres Strait Islander children and families.

Over the years AICCA services have expanded and are now more commonly known as Aboriginal and Islander Child and Family Welfare Services. This is because agencies now provide quite a broad range of services and programs. Early Intervention and Support Programs such as family support and counselling, parenting groups, and playgroups are now part of the continuum of service provision. Over the years it became more apparent that the provision of early intervention programs as part of a holistic approach was paramount in terms of combating the issue of contemporary removals and to emphasise the original aim of the AICCAs which was to keep Aboriginal and Islander families together.

There are now agencies operating across Australia, although in many parts of the country and throughout most of NSW there is a great need to develop new Aboriginal and Islander Child and Family Welfare Services for communities. SNAICC believes there should ideally be AICCAs based in all geographic regions around the country to provide a relevant and localised service to Aboriginal and Torres Strait Islander children and families. It is imperative that we have Indigenous specific services that are community based and managed; similarly, it is important these services are localised as local service providers are known and trusted by community, have established relationships with their people and are in the best position to know and understand the needs of their community.

The role of AICCAs today

The aim of the AICCAs has always been to support Aboriginal and Torres Strait Islander families to raise happy, healthy, proud, strong children — who will take pride in their cultural heritage and identity.

Whilst the AICCAs are community based organisations and are unique from one another, they typically provide a range of services for communities:

- parenting and family support programs including family preservation and counseling

- support services to prevent breakdown in Aboriginal families

- recruitment and training of Aboriginal and Torres Strait Islander foster carers to support children who need to be placed in out of home care

- assisting families with referrals to other support

services including health, education, domestic violence and legal services

· placement, cultural support and supervision for children in foster care, out of home care or kinship care

· provision of support and assistance to families who have voluntarily taken on the care of other Aboriginal or Torres Strait Islander children from their community or kin

· link up programs for members of the Stolen Generations

· family reunification services for children with experience of out of home care

· court advocacy and support for families in relation to child protection matters in order to determine the best interests of children

· emergency relief and youth accommodation services

· family group homes and short term care for families and children in crisis

· community awareness campaigns on the rights and needs of children and families

· cross-cultural awareness advice and training to Non-Aboriginal agencies and Government departments

· cultural activities and programs for children and families

· activities for NAIDOC and National Aboriginal and Islander Children's Day.

Whilst AICCAs may work in all of these areas they are not necessarily funded for all services. Most of the funding provided to AICCAs is from State and Territory governments and the majority of their funding is focussed on the care of children after they have been removed – rather than supporting families to stay together. This includes funding for foster care programs and placement support. Very little funding is provided for general family support, parenting programs or family reunification; however, SNAICC and the AICCAs are continuously and increasingly advocating to Government the need for more funding.

The AICCAs and SNAICC believe that additional funding is required to provide AICCAs with the capacity and resources to assist families and prevent the need for children to be removed in the first place.

The role of AICCAs in child protection

AICCAs are not responsible for investigating reported cases of child abuse or neglect or for making decisions in relation to the removal of Aboriginal and Torres Strait Islander from their families. These decisions are the responsibility of State and Territory community services, human services or welfare departments.

AICCAs' main objective is to support families, keep families together, reduce the need for children to be removed and ensure that children are kept close to their family — and within their Indigenous community — if they are removed.

The specific role and responsibilities of each AICCA in child protection varies from state to state but typically includes providing community and family input into decisions regarding the welfare of children.

This can include:

· being informed by the State/Territory department of any child abuse or neglect investigations involving Indigenous children and possibly being present to assist families when investigations take place

· providing advice to the relevant court on the best interests of the child before care and protection orders are issued

· providing advice to the State/Territory department on the most appropriate options for placing a child or children if it has been decided they need to be removed from home for their protection. (Final decisions of where a child is placed is usually the responsibility of the Department.)

· assisting States and Territories to adhere to the Indigenous Child Placement Principle

· supervising and monitoring placements to ensure children are properly cared for when they are in out of home care

· administering foster care payments

· providing on-going advice to the Department on the long term interests of children in care and options for family reunification

· providing policy advice to governments on priorities for improving the child protection system.

The role of AICCAs does not include:

· acting as the contact point for formal notification of possible cases of child abuse or neglect

· investigating possible cases of child abuse or neglect

· issuing care and protection orders

· approving, endorsing or making decisions to remove children from their families.

Indigenous Child Placement Principle

One of the first and most important changes the AICCAs and SNAICC secured in relation to child protection was the development and agreement by all States and Territories to the Aboriginal Child Placement Principle, now referred to as the Indigenous Child Placement Principle.

The principle ensures that if an Indigenous child is removed from home then their placement must adhere to a set of priorities. These priorities were established to serve in the best interest of the child and their needs, including their cultural, spiritual, emotional and mental wellbeing.

As was established during the Human Rights and Equal Opportunity Commission inquiry into the Stolen Generations, the forced removal of Indigenous children and their deliberate assimilation into another community was a form of genocide.

> *"Genocide is not only the mass killing of a people. The essence of genocide is acting with the intention to destroy the group, not the extent to which that intention has been achieved. A major intention of forcibly removing Indigenous children was to absorb, merge or assimilate them, so Aborigines as a distinct group would disappear. Authorities sincerely believed assimilation would be in the best interests of the children, but this is irrelevant to a finding that their actions were genocidal."* [1]

The aim of the Indigenous Child Placement Principle is to prevent the culturally destructive practice of Aboriginal and Torres Strait Islander children being removed from home and placed long term with non-Aboriginal families.

The principle replaced the racist policies which gave rise to the Stolen Generations and it sets out the following priorities for the placement of children who have been removed from their families.

Preferred placement of Indigenous children is to be:

· with the child's extended family

· within the child's Indigenous community or group

· with another Indigenous family, where culturally appropriate

· or where no other option is available, with a non-Indigenous family

Where an Aboriginal and Torres Strait Islander child is placed as a last resort with a non- Indigenous family an AICCA may be involved in supervising the placement to ensure that the child is able to maintain links with their people and culture.

All States and Territories have accepted the principle as either law or policy however there appears to be emerging evidence that shows the Principle is not being consistently adhered to by child protection authorities. Nonetheless, AICCA representatives and SNAICC believe the ICPP is the means to achieving the best interest of the child and will continue to seek adherence to the Principle.

KEY APPROACHES IN THE CHILD AND FAMILY WELFARE SECTOR

The following material provides an overview of some of the key approaches and terminology used in the child and family welfare sector. It also outlines SNAICC's approach to protecting children from harm by ensuring they enjoy the best possible family and community environment within which to grow and develop.

SNAICC's approach to children's welfare

Fundamental to SNAICC's approach is the belief that when children are at risk of abuse and neglect, or are being abuse or neglected, the needs and rights of the children are paramount. These rights include the right to be safe and the right to grow up within their Aboriginal and/or Torres Strait Islander family. Child protection systems have tended to focus on children as individuals who are the responsibility of one or two parents. The most typical response when children are at risk has been to remove children from their families (parents) and place them in foster or some other form of alternative care.

Whilst this may provide safety in the short term, it is not an adequate response as it does not deal with the underlying cause that lead to abuse and neglect. This response is also culturally biased and based on assumptions about family formation as it presumes that children are being raised in 'nuclear' families with one or two parents as the critical carers. Aboriginal and Torres Strait Islander child rearing practices tend to view children as people that the whole community and extended family networks have a shared responsibility to nurture and support. As such the options available to child protection when they need to intervene are potentially much broader as there are more family involved in caring for children. Being able to access these extended family support networks is crucial if child protection interventions are to produce positive outcomes for children.

Shared responsibility for raising children

The family, the community and government all share responsibility for ensuring that the needs of all children (Aboriginal, Torres Strait Islander and non-Indigenous) are met, and that they are safe within their families.

There has been a strong trend over the past twenty years in Australia and overseas away from investigating and intervening in individual families and towards developing broader preventative and family support services. SNAICC strongly supports this trend. Focusing on individual children and families once abuse has occurred is an extremely inadequate

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[1] HREOC (Human Rights and Equal Opportunity Commission) (1997) *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Human Rights and Equal Opportunity Commission, Commonwealth of Australia, Sydney

child protection response unless work is also done to address broader community and societal factors that may either increase the risk of child abuse or work to prevent abuse.

It is self-evident that it is far better to prevent abuse than to deal with its consequences, which may include removing the child from their home. This is especially true for Aboriginal and Torres Strait Islander children whose cultural and spiritual identity and development depends on the maintenance of family connections. For Aboriginal or Torres Strait Islander communities in remote locations the case for reducing risk factors and building protective factors within communities is particularly strong because if the community cannot be made safe then the child may need to moved far from their extended family and community and risk losing the community and cultural connections that are the foundation of their well being.

Community based services and advice on children's best interests

SNAICC's strong view is that community based Aboriginal and Torres Strait Islander agencies are best placed to respond to Aboriginal and Torres Strait Islander children who need child protection services, including out of home care.

SNAICC acknowledges that when adults who care for children cannot meet their responsibilities or are abusive, then the wider community and government becomes responsible for taking action. The type of service that is required depends on the seriousness of the risk of harm to the child's safety and wellbeing. Determining the best response to a notification or substantiation of child abuse is a complex task requiring a high level of expertise.

Community based Aboriginal and Torres Strait Islander agencies know families within communities well and when out of home care is required can quickly access accurate information about family networks and ability to care for children. This expert knowledge greatly improves the chances that the child can be placed with relatives and thereby maintain their connections to family, community and culture. It is always in the Aboriginal or Torres Strait Islander child's best interests to follow the Aboriginal Child Placement Principle and place with relatives when possible because the child's best interests always includes meeting their cultural and spiritual needs. Aboriginal and Islander agencies know this and work hard to keep families connected and hopefully moving towards reunification.

In SNAICC's experience state or territory government departments should not rely on Departmental staff (including Aboriginal or Torres Strait Islander staff) to advise on children's best interests or placement options. This is not as effective as community based

workers from specialist agencies (AICCAs) that have access to family networks. In the child protection process it is important that communities, families and children have a voice – something Departmental staff are less able to provide.

Family support, prevention and early intervention

The needs of the family from whom children have been removed are often overlooked. Families from whom children need to be removed have enormous problems that may build even further due to the grief of losing their child or children. Culturally appropriate family support and healing services play a vital role in assisting parents to deal with their problems and, ideally, build healthy relationships with removed children and work towards being re-unified with them.

Children who are at significant risk and their families are now presenting with much more complex needs than they were even ten years ago. Responding to concerns about children and families is not easy. Sharing the responsibility to care for children is much more effective and less stressful than acting individually or blaming families when things go wrong.

Greater funding is urgently needed for healing and family support services for individuals and families where children may be at risk of maltreatment due to stress, grief, poverty and substance abuse. At the community level, metropolitan, rural and remote, we need to focus on prevention and early intervention. Building positive social environments for children and families and a culture that supports the healthy and safe growth and development of all children must underpin our approach to child protection.
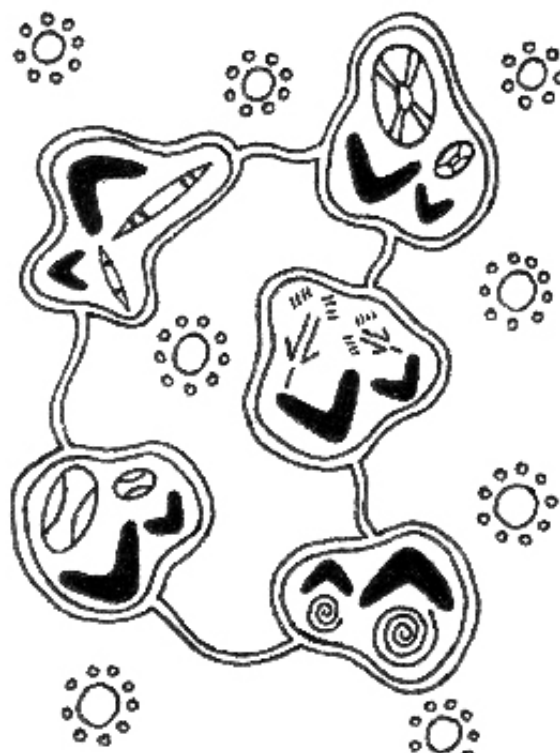
SERVICE PROVISION AND KEY TERMS IN THE CHILD AND FAMILY WELFARE SECTOR

Every family, Aboriginal, Torres Strait Islander or non-Indigenous, needs support from services from time to time particularly in relation to raising their children and caring for other family members.

There are many different service types and terms commonly used in the child and family welfare sector. Services are referred to as either Primary (universal) services, Secondary or Tertiary (statutory) services.

The types of service that families need and when they need them will depend on many factors. The shared responsibility for caring for and raising children has not been reflected in the services available to Aboriginal and Torres Strait Islander families. In the child protection area for instance SNAICC believes that we have not placed enough emphasis on Primary and Secondary services – services which help families sooner rather than later.

Included below are some of the key terms and definitions commonly used in the child and family welfare sector.

Adoption is when a child is legally taken into the permanent care of individual(s) other than the biological parent/s. [2]

An **Adoptive Parent** is a person with the legal relation of parent to a child not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. [3]

A **Biological Parent** is the birth mother or father of the child rather than the adoptive or foster parent or the step-parent.

A **Case Manager** is someone who takes responsibility for coordinating a case plan (see below) and ensuring that decisions and actions are carried out. The case manager is the lynchpin to the success of a planned and coordinated approach to case management and should be appointed in all child protection cases. [4]

Case Planning is the term that refers to all planning relating to the safety, welfare and well-being of a child, young person or their family within the child protection system. Plans should ensure there are no misunderstandings for a child, young person, family or practitioners about goals or responsibilities. Case plans focus on meeting the needs of the child, young person and family by looking at safety, welfare and wellbeing, risks and the family's strengths. [5]

Child Protection usually refers to a branch of the state welfare authority which is responsible for investigating allegations that a child or young person is at risk of significant harm and with providing supervision and/or services for children and young persons considered or found to be in need of protection.

Child Maltreatment/Abuse is usually grouped in the following four categories:

> **Physical maltreatment/abuse** describes significant harm or injury experienced by a child as the result of severe and/or persistent actions or inactions. It includes injuries such as cuts, bruises, burns and fractures caused by a range of acts including beating, shaking, inappropriate administration of alcohol and drugs, attempted suffocation or excessive discipline or physical punishment. Physical maltreatment also includes the deliberate denial of a child's basic needs such as food, shelter and supervision to the extent that injury or impaired development is indicated.

> **Emotional** maltreatment/abuse describes significant impairment of a child's social emotional, cognitive and intellectual development, and/or disturbance of the child's behaviour which results from behaviours such as persistent hostility, rejection or scapegoating.

> **Sexual** maltreatment/abuse occurs when a child has been exposed or subjected to sexual behaviours or acts which are exploitative and/or inappropriate to his or her developmental level. Sexual maltreatment involves a wide range of sexual activities which exploit children. Harm which results from sexual maltreatment includes significant emotional trauma and physical injury or impaired development, although harm may not always be easily identifiable.

> **Neglect** is experienced by a child when he or she does not receive available food, shelter, medical attention or supervision to such a severe and/or persistent extent that his or her development is or is likely to be significantly damaged, or injury occurs or is likely to occur. This description mainly refers to acts of omission. The deliberate deprivation of

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[2] US Department of Health and Human Services, Administration for Children and Families, Abuse and Neglect Data System Glossary at www.acf.hhs.gov/programs

[3] ibid

[4] NSW Commission for Children and Young People Key Concepts for Interagency Work at http://www.kids.nsw.gov.au/publications/guidelines/part2.html

[5] NSW Commission for Children and Young People Key Concepts for Interagency Work at http://www.kids.nsw.gov.au/publications/guidelines/part2.html

a child's needs should be considered within the context of physical or emotional maltreatment. Neglect must be considered within the context of the social and economic environment in which the child lives and the availability of resources. [6]

Custody is guardianship or protective care over someone. It can refer to a situation where a person has legal responsibility for a child.[7]

Domestic Violence is violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. It is partnership violence that includes violence perpetrated when couples are separated or divorced. Acts of domestic violence are mainly, but not only, perpetrated by men against women within heterosexual relationships but can also occur within same sex relationships. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. Children and young people may experience harm by being in the presence of, or by being exposed to, violence in the parental relationship, by becoming the victims of violence or a combination of the two. [8]

Early Intervention is a key child abuse prevention strategy focussed on providing assistance before problems arise. . Early intervention approaches include the general promotion of health and wellbeing. Some early intervention initiatives include Working with Children checks to help prevent inappropriate candidates being appointed to positions in children's services, alternate dispute resolution services, and services providing assistance with parenting skills. [9]

Ecological Approaches to child maltreatment are concerned with addressing its causes. Areas of focus include psychological disturbance in parents, dysfunctional patterns of family interaction, stress-inducing social forces and abuse-promoting cultural values. [10]

Emotionally Disturbed refers to a condition, which must be clinically diagnosed, exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. Includes persons who are schizophrenic or autistic.[11]

A **Family Group Conference** is a meeting that is held with members of the extended family to make plans for a child or young person. Family Group Conferences can happen when the child welfare authority has assessed that there is abuse or neglect or where the child or young person is on a Protection Order from the Children's Court, or where a child is being relinquished.[12]

Family Group Homes refer to placements in residential buildings which are owned by the State or a funded service and is typically run like a family home. They have a limited number of children who are cared for around-the-clock by resident substitute parents.[13]

Family Preservation approaches focus on supporting families and preventing the placement of children outside the home. Family preservation emphasises home based family support and strengthening over child removal. Family preservation approaches build on family strengths. Services such as child care, counselling and drug and alcohol treatment programs may all be listed under the heading of family preservation services.[14]

Family Support Services are community-based preventative activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children, enable families

[6]   Department for Community Development *Protecting Children: Student Information Package* Government of Western Australia 2001

[7]   HREOC (Human Rights and Equal Opportunity Commission) (1997) *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Human Rights and Equal Opportunity Commission, Commonwealth of Australia, Sydney

[8]   NSW Commission for Children and Young People Key Concepts for Interagency Work at http://www.kids.nsw.gov.au/publications/guidelines/part2.html

[9]   NSW Commission for Children and Young People Key Concepts for Interagency Work at http://www.kids.nsw.gov.au/publications/guidelines/part2.html

[10] Tomison, Adam M and Wise Sarah (1999) *Community based Approaches in Preventing Child Maltreatment*, National Child Protection Clearing House Issues Paper no. 11, Australian Institute of Family Studies, Melbourne, page 2.

[11] US Department of Health and Human Services, Administration for Children and Families, Abuse and Neglect Data System Glossary at www.acf.hhs.gov/programs

[12] Australian Institute of Health and Welfare, *Child Protection Australian 2003-2004*, Australian Government 2005 page 76

[13] Australian Institute of Health and Welfare, *Child Protection Australian 2003-2004*, Australian Government 2005 page 76

[14] Libesman, Terri 'Child Welfare for Indigenous Communities: international perspectives', Australian Institute of Family Studies *Child Abuse Prevention Issues* No. 20 Autumn 2004

to use other resources and opportunities available in the community, and create supportive networks to enhance child-rearing abilities of parents.[15]

Foster care refers to care provided to a child who is living apart from their natural or adoptive parent(s) by one or more adults in a private household.[16]

Foster Parents are adults not related to the child who provide out of home care for a child in their own home who are paid a regular allowance for the child's support by a government authority or non-government organisation. Foster parents are chosen from a list of persons registered, licensed or approved as foster parents by an authorised department or non-government organisation. The authorised department or non-government organisation provides continuing supervision or support while the child remains in the care of 'foster parents'.[17]

In Need of Care and Protection refers to a child or young person who is at risk of harm due to abuse or neglect. A child or young person is in need of care and protection if action is required to safeguard his or her safety, welfare and well-being. Actions that might be taken include providing or arranging services for family members, in consultation with the family, developing a care plan, exercising emergency protection powers or seeking orders from the Children's Court.[18]

An **Investigation** is the process whereby a state welfare authority obtains more detailed information about a child who is the subject of a notification and makes an assessment about the harm or degree of harm to the child and the child's protective needs. An investigation includes the interviewing or sighting of the subject child where it is practicable to do so.[19]

A **Legal Guardian** is someone appointed by the courts to have custody of and make decisions for a child or other person who is not capable of managing themselves independently.

Kinship/relative care is care provided to a child in the home of family members (other than parents) or a person well known to the child and/or family (based

on a pre–existing relationship) who is reimbursed by the State/Territory for the care of the child.

Needs Based service provision usually refers to a government department or agency identifying which family or community to provide services to in a systematic way based on measuring characteristics that indicate the level of need compared to other families or communities. It is a way of allocating resources in the fairest and best value for money way. In child welfare, needs based assessment may be used for services such as prevention, early intervention and family support. Needs indicators may include characteristics such as income, overcrowding, health problems, substance abuse problems etc as well as an assessment of the type and amount of services that are currently available.

Notifications consist of reports made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. A notification can involve only one child. Where it is claimed that two children have been abused or neglected, this is counted as two notifications, even if the children are from one family. Where there is more than one notification about the same 'event', this is counted as only one notification. Where there is more than one notification but relating to different events (for instance, a different type of abuse or neglect or a different person believed responsible for the abuse or neglect), these notifications are counted as separate notifications. [20]

Primary Services are universal services. They are offered to everyone. Primary services include antenatal services, maternal child health services, and preschool education. The goal of primary services is to provide support and education for children and families before problems arise. In many cases, primary services help to prevent abuse and neglect occurring.[21]

Protective concerns refer to situations where a child has been or is being abused, neglected or otherwise harmed or where parents cannot provide (or

15   US Department of Health and Human Services, Administration for Children and Families, Abuse and Neglect Data System Glossary at www.acf.hhs.gov/programs

16   Steering Committee for the Review of Commonwealth/State Service Provision *Efficiency Measures for Child Protection and Support Pathways* Commonwealth of Australia 2003

17   Steering Committee for the Review of Commonwealth/State Service Provision *Efficiency Measures for Child Protection and Support Pathways* Commonwealth of Australia 2003

18   NSW Commission for Children and Young People Key Concepts for Interagency Work at http://www.kids.nsw.gov.au/publications/guidelines/part2.html

19   Australian Institute of Health and Welfare, *Child Protection Australian 2003-2004*, Australian Government 2005 page 72

20   Australian Institute of Health and Welfare, *Child Protection Australian 2003-2004*, Australian Government 2005 page 72

21   description sourced from the Centre Against Sexual Assault (CASA), Victoria.

are unwilling to provide) adequate care and protection for their child or children.[22]

Residential Care is care that is in a facility-based (residential) building whose purpose is to provide placements for children and where there are paid staff.[23]

Respite Care covers out-of-home care provided on a temporary basis for reasons other than for child protection—for example, when parents are ill or unable to care for the child on a short-term basis. It does not include emergency care provided to children who have been removed from their homes for protective reasons.[24]

Risk and Protective Factors describe the combination and interaction of factors that increase the potential for child maltreatment and factors that reduce the potential for maltreatment. Factors that may increase the potential include poverty, unemployment, poor housing and an under-resourced education system. Factors that reduce the potential include good social and cultural supports, low socio-environmental stress and high levels of parental monitoring and support. The individual child's resiliency or ability to cope, respond to danger and use relationships for survival is also considered a protective factor. [25]

Secondary Services offer programs that identify and reduce the personal and social stresses on parents that lead to family breakdown and/or child abuse. There are many community based agencies and organisations that support families and help them overcome significant problems. Services include in home family support, financial or family counselling, respite care and various parenting and self help groups.[26]

Social Capital refers to wealth or richness in the way members of a community or society relate to each other. Communities with high social capital are characterised by high levels of trust, cooperation and connection between people and are good for children because they are better able to assist families to raise their children and share some of the work involved. Communities with low social capital, where families and individuals are isolated, hostile and distrustful, are much more difficult places in which to successfully raise children. [27]

A **Substantiation** is a child protection notification made to relevant authorities which was investigated, and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed.[28]

Tertiary Services include statutory services for children who have been at risk of significant harm where intervention is needed to ensure the ongoing safety of the child. These services include the statutory Child Protection Services and Placement Services for children who are unable to live at home.[29]

Whole of Community approaches address the social, economic and cultural context within which children and families live recognising that this has enormous impact on the way families function Whole of community approaches promote positive changes communities for individuals, families and the community as a whole, by improving physical, social and economic conditions [30] The role of the wider community in bringing up children is described in the African proverb "It takes a village to raise a child".

[22] Steering Committee for the Review of Commonwealth/State Service Provision *Efficiency Measures for Child Protection and Support Pathways* Commonwealth of Australia 2003 (page X)page11

[23] Australian Institute of Health and Welfare. *Child Protection Australian 2003-2004*, Australian Government 2005 page 76

[24] Australian Institute of Health and Welfare. *Child Protection Australian 2003-2004*, Australian Government 2005 page 77

[25] Tomison, Adam M and Wise Sarah (1999) 'Community based Approaches in Preventing Child Maltreatment' National Child Protection Clearing House *Issues Paper* no. 11, Australian Institute of Family Studies, Melbourne, page 2.

[26] description sourced from the Centre Against Sexual Assault (CASA), Victoria.

[27] Mc Innes, Elspeth 'Childcare: Supporting Children's Safety and Building Social Capital' Paper presented at Our Children the Future Conference 1–4 May 2004 Adelaide.

[28] Australian Institute of Health and Welfare. *Child Protection Australian 2003-2004*, Australian Government 2005 page 72-73

[29] description sourced from the Centre Against Sexual Assault (CASA), Victoria.

[30] Adam M Tomison Child Protection Evaluating Child Abuse Prevention Programs Clearing House *Issues in Child Abuse Prevention Number 12* Autumn 2000

CASE STUDIES

The next section of the manual documents a number of case studies gathered that provide examples of innovative Indigenous projects, programs or services within the child welfare sector. The case studies show how different types of programs can be delivered by Primary, Secondary and Tertiary level services.

Some of the case studies have been sourced from published works, so the original authors have been referenced where appropriate.

The case studies cover the following topics:

- **Prevention and Early Intervention strategies**

  Coffs Harbour Aboriginal Community Care - Parents as Partners

  Wajana Lidj – Early Intervention Parenting Program

- **Community based approaches to prevention of child abuse and neglect**

  The Wide Bay Burnett Indigenous Stronger Families Project, Queensland

  Strengthening Families In The Ngaanyatjarra Lands, Mukurla Walykumunu Kanyilma

- **Recruitment, training and support of Indigenous foster carers**

  The Yorganop Model

- **Family reunification and link up**

  Link Up Victoria, Innovative Programs – Post Reunification & Healing Project

- **Parenting programs**

  Aboriginal Children's Centre, Tasmania – Parenting Information & Support Programs

- **Cross-cultural partnerships providing family support**

  Newcastle Family Support Service & Warlga Ngurra Indigenous Women's Refuge

Coffs Harbour Aboriginal Community Care – Parents as Partners

This project on the North coast of NSW involves a collaborative partnership between an Aboriginal organisation (Coffs Harbour Aboriginal Community Care) and a mainstream agency (Uniting Care Burnside). Although the project has a particular focus on tackling the complex issues impacting on Aboriginal families, it is also working with the broader community. The project was developed in response to concerns regarding the large number of Indigenous children in care, deteriorating parenting skills levels, the young age of pregnant women and grandparents having to take on the care of babies. For Uniting Care Burnside the project has provided an opportunity to develop more deliberate strategies to address the needs of Aboriginal families through a consultative, partnership approach. The case study also highlights the benefits of effective inter-sectoral collaboration in developing educational and employment pathways for families.

Intervention approaches

The partnership is formalised through a Memorandum of Understanding that outlines the commitment of both agencies to a collaborative effort in developing an early intervention program for families and addresses the complexity and diversity of client needs. A project management committee with representatives from both agencies meets six weekly or more often as needed to oversee the planning, implementation and evaluation of the project.

The project is staffed by one full time position which is currently job shared by two workers, both of whom have qualifications and extensive experience in adult education and community development. While neither is Indigenous, both have experience working with the Indigenous community, and have been able to effectively engage the community because they work in a culturally respectful way (it is intended to replace the current Coordinators with an Indigenous worker). It has been critical that the workers have been based in the Aboriginal Community Care Centre, in receiving guidance in working with the Aboriginal community and establishing trust.

The project has three main components:

1. Development and evaluation of a partnership model between an Aboriginal and mainstream agency

2. Development of flexible and culturally appropriate Mentor Training Programs

3. Development and implementation of best practice standards for intake and referral across child and family services in the district, in order to improve the support system for vulnerable families with complex needs.

The Mentor Training Program has been developed in partnership with TAFE Outreach who have provided an accredited training package, funding assistance and teachers. Indeed the flexible approach adopted by TAFE Outreach, as well as the partner agencies, has been critical to the ultimate success of the project. The training encompasses three core units covering the role of a mentor, child protection and safety, communication and interpersonal skills, values and ethics, cultural issues in working with families, and knowledge of local services, as well as electives chosen by the group such as first aid and child development.

The training program has been trialed with three groups:

· *Aboriginal Community Mentors*
· *Playgroup mentors*
· *'Dads as Mentors'*

In each case the way in which the training program has been delivered has been modified to meet the needs of the participants. An Aboriginal educator was selected to conduct the Aboriginal Community Mentors and Playgroup training programs, whilst the Dads as Mentors program was delivered by a male TAFE teacher with experience in other men's projects. Strategies to enhance accessibility also included provision of child care and transport where needed, use of culturally appropriate and convenient locations, and offering fathers a combination of weekend workshops and 'self-directed learning' tasks.

The development of the Aboriginal Mentors Program has involved extensive consultation with the local Aboriginal community and working closely with agencies such as the Aboriginal Medical Service and Aboriginal preschool. While this was a time consuming process, it was critical in gaining credibility and understanding of what the project is trying to achieve. A small group of male and female Aboriginal mentors have recently completed their training and have become an informal advisory committee in implementing the program for the local Aboriginal community. The Aboriginal mentors have also worked with the TAFE trainer to adapt the original training materials into a manual more appropriate to the Indigenous community. This includes, for example, a greater focus on working with the extended family, and discussion of how to convey the concept of 'mentoring' to the Aboriginal community.

The Aboriginal mentors interviewed for this Review spoke about the difficulties that Aboriginal people have in using non-Indigenous services. Agencies and government departments are impersonal and Aboriginal people often feel confronted and intimidated. An important part of the mentors' role will be to help young parents in accessing services and coping with bureaucracies:

> " A lot of young people don't know about their entitlements and are too shy too ask. For example, a lot don't know that they can get financial support to use child care. So just having someone go with them to Centrelink to support them through the process."

A number of local Aboriginal people have shown interest in the mentor training since the first group finished their course. The group is now planning to work with Aboriginal Family Community Care in establishing a mentor service (available to other local services supporting families.

The Playgroup mentors are acting as mentors in a different way – the mentors were nominated by the members of existing supported playgroups (five playgroups run by Uniting Care Burnside, with two of the groups designated for young parents) to undertake the training. They are now putting their training into practice by taking on a leadership and peer support role within their playgroups (alongside the paid workers). This includes for example: encouraging interaction and group decision making skills, for example in choosing activities or raising issues of concern; modelling and encouraging positive interaction between parents and children; and promoting discussion on the role and skills required for parenting and other related life issues. They are also providing more one-to-one support for those parents who need it, and this is starting to extend beyond the playgroup setting. The mentors interviewed spoke very enthusiastically about the benefits they have already seen start to occur in their playgroups:

> "We've now really bonded as a group much more than before."

The five fathers who completed the Dads as Mentors training program selected a project to establish a Dad's playgroup, and this group is now running weekly independently of Uniting Care Burnside. Other ideas may also be pursued in advocating and promoting the role of Dads.

Individual outcomes

For many of the mentors involvement in the Mentoring Program has provided a major boost to their self confidence and self esteem, and has had a very positive impact on their relationships with family and friends: One of the Aboriginal mentors commented:

> "*My family has a lot of issues at the moment, and they're relying on me to pull things together. My younger brother's leaving school – from the training I'm more aware of how to help him.*"

And a young mother said:

> "*I'm a more understanding mum, I look at what I say from the kids' point of view, and I'm better at listening to my friends.*"

The training program for playgroup mentors also provided an opportunity for positive interaction between mentors of varied ages:

> "*The big lesson for me was having contact with young people and understanding where they're at.*"

The purpose of providing TAFE accredited training was to offer mentors a further incentive and encourage further educational and employment opportunities. This strategy has proved highly successful with many of the participants (who have not previously accessed education) going on to further study or employment. The mentors also confirmed the importance of having their skills recognised through accredited training.

Community outcomes

Ongoing support and supervision of mentors will be provided by Uniting Care Burnside staff and the Family Support Worker based in the Aboriginal Community Care Centre (funded under Families First). This position is seen as a critical for identifying the needs of families and acting as a link to the support that both agencies can provide.

The partnership model has started to have positive impacts in increasing accessibility and cultural responsiveness within Uniting Care Burnside for Indigenous families. The Men and Families project has started to particularly target Aboriginal fathers with strategies including creation of an Aboriginal Dad poster (featuring a local Aboriginal football player

with his daughter) as a first step; liaison with key players in health services; and commitment of a salary component for the employment of an Aboriginal father. The service has also received an increasing number of requests to run parenting courses for Aboriginal

agencies. Ultimately they would like to involve the Aboriginal mentors in helping to review and adapt the parenting courses.

Wajana Lidj ("*to hold the children*") is an Aboriginal

Wajana Lidj – Early Intervention Parenting Program

Family Preservation Service in Morwell, in the LaTrobe Valley in rural Victoria. The service came out of the *Bringing Them Home Report*, receiving funding from the Victorian government to work with Aboriginal families at risk of having children removed or to assist in reunification. The service provides intensive family support for families that have been referred by child protection, where intervention may prevent removal of children.

Carol Taylor, the coordinator of Wajana Lidj, saw an advertisement for a parenting training course. She and another worker attended the Parenting Australia course. Carol was uncertain about attending as she was concerned that a mainstream course might not work for the Aboriginal families she works with. However, she found the course easy to adapt as the basis of the course was building on parents' existing strengths and using the group's experience to help find solutions to improving communication in families.

While she found some of the examples used in the parenting training removed from the realities of life in her community, the training in the facilitation process enabled her to find other ways of presenting the same principles. For instance she remembered that one example used in the parenting course was the 'problem' of children taking food from the fridge without asking. As the example was being given, Carol was thinking about the 'problem' that was most pressing on Aboriginal families lives – Aboriginal children chroming. While the problems are very different in scale, the parenting course is built around supporting parents to communicate with their children and to learn to set appropriate boundaries.

From the training course Carol and her co-worker ran their first group with eight parents two and a half years ago. The funding available from Parenting Australia enabled Carol to pay for food and transport for parents to attend. On completion of the first eight-week course the parents wanted to continue and to expand to more parents – Parenting Australia was able to provide funding for a second course and from this point on funding has been sought elsewhere to continue the program. At present funding comes from the Indigenous Parenting and Family Well-being Initiative. The funding allows the food to be bought and the staff to pick up families from outlying areas. Carol and her co-workers attend the group in their own time (additional staff are needed to help with food preparation and to mind the children in an adjoining room).

Community outcomes

The original group has continued to expand, with 24 parents regularly attending along with their children every Wednesday night. The group eat a meal together and discuss what has happened during the week, helping each other to think through any difficulties that have arisen as parents. Around six fathers attend regularly and every fortnight grandparents are included. Each week Carol takes photos of the parents and children as she found that many families had no photos at all – this has helped group members see the changes that they have made over time.

While the original course was based on eight sessions the group now sets its own topics. For instance, a counsellor from the local community health service spent the evening working with everyone's grocery bills to find ways of reducing the bill – by recommending buying different products or in season fruit and vegetables he was able to identify significant savings. Most recently the group has decided to prepare a banner to march with the general community on ending family violence, an activity that has the full support of both the men and women in the group.

A spin off from the group has been gaining funding under the Indigenous Parenting Program to help prevent teenage pregnancy. This project involves providing young people with a simulated baby for a few days – the doll records whether it has been fed, cuddled, shaken, talked with, and nappies changed. The young people are given a budget to buy things for the baby (and go to local stores to record how far the budget will stretch), look after the baby and then go through a de-briefing session on their experiences.

Carol attributes the success of the parenting course to:

·   the facilitators as well as participants sharing success and failures, helping to get over the hurdle of the 'expert' and everyone else

·   using an Aboriginal venue that is comfortable and safe

·   eating a meal together in a relaxed way, including having the children present

·   acknowledging and using the skills of the group to help each other by problem solving each week

·   using role plays to help 'do it differently'

·   accepting difficulties that people experience as setbacks rather than failures.

Community based prevention of child abuse and neglect

The following two case studies are examples of community based prevention of child abuse and neglect. They were sourced from the Australian Institute of Family Studies, Stronger Families Learning Exchange Projects website: www.aifs.gov.au/sf/sffprojects.html

The Wide Bay Burnett Indigenous Stronger Families Project, Queensland

This case study was written by the people working on the Project.

The project is located in the Wide Bay Burnett region of Queensland. The region covers Hervey Bay, Maryborough, Bundaberg and district, Cherbourg and the Central Burnett towns of Gayndah, Mundubbera and Eidsvold. The project is managed by a project management group with representatives from these cluster areas, and the auspice is the Community Congress Educational Development Unit Ltd. The project office is based in Bundaberg.

The focus of the project is to work to strengthen Indigenous families. The Indigenous community across the Wide Bay Burnett region recognised the need for early intervention and prevention through parenting programs for Indigenous communities and specifically including Indigenous parents, young people and leaders. The program will enhance, empower and improve connections between Indigenous families, relatives, community members, leaders in our youth, men and women. Professional support will be provided through the development of productive partnerships between government, non government and other service providers so they can better respond to and resource our Indigenous communities across the Wide Bay Burnett region.

The project has a particular focus on families with children aged from 0–5 years and issues around family violence. Through our communities developing their own solutions to their own local problems we are aiming to improve family functioning by developing understanding, knowledge and skills about positive parenting and family well-being by implementing programs developed by the local communities. We also aim to develop positive leadership in our young people and to strengthen their connections to the community and improve their sense of self worth and identity.

Developing and establishing relationships with key stakeholders in the regions is essential. This means communicating with service providers, community people, elders and young people. This will bring about a more cohesive approach to communities.

We visit the communities to connect with them and develop relationships. We acknowledge this as a key factor through enhancing participation through dialogue from a cultural perspective. We then work with them to discover how the program can assist them, how it could best work for them. We have done this in part through running community information workshops, interagency meetings and developing good partnership processes.

Currently, we are running the Sister Girl project which is targeting positive parenting and developing leadership with young mothers through using mentors who are community women who have a respect for the younger women (aged 16–25) and are women with whom the young women can connect. We are supporting a valuing education program that is being conducted at the Cherbourg State School. It is helping young primary age children to value and respect themselves and to value education. It also involves working with the parents to help them to support and value their gundoos (children). This program emphasises the importance of recognising better educational outcomes.

We are also supporting a young Aboriginal men's support group (aged 15–25). We acknowledge them as part of our community and recognise that their needs are not being met. We are working with these young men to give them recognition of who they are as part of our future. It's about listening to them and connecting with them, developing them as a group, addressing their needs and issues that are impacting on them and clarifying key issues. We also hope to encourage potential leaders. This group is unique because the young men have been able to embrace having an Aboriginal woman initiating this program as the group leader. We now have mentors to encourage the young men to continue to share their problems and issues.

Strengthening Families in the Ngaanyatjarra Lands

Mukurla Walykumunu Kanyilma

By Anna Szava and Cath Farrington

Project setting

The Strengthening Families in the Ngaanyatjarra Lands Project is set in the Blackstone home of the Papulankutja Aboriginal Community. Blackstone is a picturesque community situated between the Western and Great Victorian Deserts and is located within the Ngaanyatjarra Shire. The shire of Ngaanyatjarra is a unique remote local government in that its community of interest is contained within the traditional lands of the Ngaanyatjarra people. Ninety-nine year leases are held by the Ngaanyatjarra Land Council on behalf of the traditional owners and also form the boundaries of the Ngaanyatjarraku Shire.

Blackstone is 800km from Alice Springs via Uluru and has a population of 226 people. The community facilities include a shop, school, health clinic, women's centre, hall, swimming pool, football field, mechanical workshop and depot and a Youth Drop-In Centre.

Why is the project needed?

Senior men and women in the community have expressed a great concern for the well-being of their children and grandchildren. A number of issues affecting families have been identified by community members and the Ngaanyatjarra Council.

The priority issues include:

· limited parenting skills of young mothers and fathers;

· gambling addiction;

· lack of collaboration and partnerships between agencies providing services to the families and communities in the lands;

· lack of playgroups to support parents and preschool children;

· poor nutrition for young children and failure to thrive; and

· limited transfer and sharing of indigenous and non-indigenous culture and language between the elders, young women and the children.

What are we trying to do in this project?

The entire focus of the project is to intervene as early as possible to support parents of young children develop their parenting skills. By raising awareness of issues such as nutrition, literacy, numeracy and sharing culture it is hoped that future problems in childhood behavior, health and development will be prevented or minimised.

Three project workers have been employed to work with the community to:

· develop and implement a community parenting strategy;

· develop innovative and sustainable ways of strengthening families; and

· enhance service coordination and partnerships between the various local service providers in order that integration of existing services to support the families can be achieved.

How are we going about it?

A number of strategies are planned. These include the establishment of a family centre which will provide a base for the project activities and a meeting place for families. A series of community workshops is also planned to encourage the community to identify and explore ways of addressing those issues impacting on parenting and child development. The first workshop was recently held at Yulara and facilitated by Waltja Tjutangku Palyapai, an Alice Springs organisation with vast experience in doing good work for families. This workshop was attended by ten senior women from Blackstone Community as well as women from Mt Liebig, Kintore Mulan and Balgo communities. A number of issues were discussed, in particular keeping children happy, healthy and strong.

The next workshops will build on this theme as well as examining perceptions of family. The project workers are also mapping current service delivery to the community by key agencies and developing networks.

The following is an excerpt from the Stronger Families Learning Exchange Bulletin No.5 Summer/Autumn 2004 that tells us what has been happening in the project some 12 months down the track.

What has the project been doing since its last Bulletin report?

When we look back at our last report we wonder what we weren't going to do! Six priority issues were identified – all of them worthy of their very own project! After much discussion with the Community and Steering Committee and numerous drafts and redrafts

of the Strategic Plan and Evaluation framework the Project objectives are to:

· improve the health of children 0 – 6 through improving nutrition;

· provide preschool children with a supportive environment and activities that promote their health, education opportunities and social development;

· provide the parents of preschool children with a supportive environment and activities that enhance their knowledge and skills in parenting;

· increase the community's awareness of services that are available, how to access these services and influence how these services are delivered;

· build participation and involvement in the project; and

· develop a growing understanding and demonstrate the capacity to make collective change.

The Project plans to address the objectives through four spheres of action: Playgroup; Growth assessment and action; Stores; and Women keeping strong. Rhoda Watson started working with the Project in October on Playgroups and Growth assessment and action. Playgroup Mukulyanytjulu Walykumunu Kanyinma is providing support to a number of communities who have set up Playgroups and to communities who are planning to do so. At the start of the project there was a Playgroup in Blackstone. There are now playgroups in Warburton and Tjirrkarli and keen interest in getting Playgroups started from Warakurna, Cosmo Newberry and Jameson. In the true spirit of partnerships and intersectoral collaboration, Mukulyanytjulu Walykumunu Kanyinma is working with Department of Community Development to implement the "Best Start" Program in the Ngaanyatjarra Lands. We are in the process of recruiting a Best Start Coordinator who will be based in the Lands. Mukulyanytjulu Walykumunu Kanyinma was asked to investigate child care training opportunities. We met with Yorganop Childcare Aboriginal Corporation in Perth. Yorganop has developed a Certificate 3 in Childcare in Aboriginal communities. This course is nationally accredited by the Australian National Training Authority. Mukulyanytjulu Walykumunu Kanyinma Ngaanyatjarra College and Yorganop are in the process of signing a MOU for the delivery of this course at Warburton.

Growth assessment and action

Growth Assessment and Action (GAA) is the regular measurement, recording and interpretation of a child's growth in order to counsel, act and follow up results. The measuring is not an intervention but a strategy that generates action. Mukulyanytjulu Walykumunu Kanyinma has requested support training and resources from GAA Territory Health to implement

a GAA program in the Ngaanyatjarra Lands. The Ngaanyatjarra Health Service is an enthusiastic partner of this initiative. Yarnangu will be encouraged to use their knowledge to address specific nutrition and development issues in the community and then develop action strategies to promote child growth. Growth Assessment and Action is in the process of being implemented in the Ngaanyatjarra Lands. Staff from four communities underwent GAA training in Blackstone in March 2004.

Stores

Mukulyanytjulu Walykumunu Kanyinma, as one of the community development units of the Ngaanyatjarra Health Service, participates in the Store Policy Working Party. The Store Policy will cover a wide range of issues from guidelines for best retail practice to training and employment.

With our involvement we aim to develop a framework which assures improved access to healthy food in all of the Ngaanyatjarra communities. Addressing issues regarding special nutrition needs is also on the agenda. Examples include diabetic and low joules food, and healthy alternatives to sweets and other snacks, and emphasis on the availability of these items is complemented with emphasis on the importance of making good choices.

Thorough consultations with all stakeholders will ensure a transparent process at the end of which we hope to have achieved not only improved nutrition but growing awareness of the connections between health and food availability, food preparation skills and opportunities, physical activity and family income management.

Women keeping strong

This part of our project was initiated by the community, in particular our Senior Project Worker. All activities are aimed at the objectives of looking after young women so they are healthy, have healthy babies and raise healthy children. Health is considered as a complex and holistic concept that includes emotional, mental, physical and spiritual well-being. The program uses a "both-ways" approach (mainstream and traditional knowledge and teaching methods) and its most important aspect is education. This takes place in different settings, probably most effectively in bush, and teaches young girls and women about their bodies, healthy lifestyle and relationships, nutrition and hygiene, pregnancy and childbirth and about looking after children and family. We use teaching resources from the health clinics and traditional storytelling, singing and dancing are part of the "curriculum" as well. We approached NT Health's Strong Women Strong Babies Strong Culture program for support in training Strong Women Workers, and we will start developing our own resources.

What has been learned since the last report that may be of interest and value to other projects?

We have learned so many things! There is no point cold calling meetings. It is not a good idea to take yoghurt on bush picnics. Patience really is a virtue! There is nothing new under the sun. Just because we think it is a priority does not mean the community thinks it is a priority. Projects and strategies can be hijacked or derailed because there is not a complete understanding of what Community Development and Capacity Building means or what it involves. To circumvent this and give community development processes any chance of working, Yarnangu and all those working with them need appropriate training in community development skills and processes.

How has the community responded to the project?

We consider the growing community interest and involvement in our project as the most telling response. More and more people talk about our activities, they "visit" and ask questions about the project and its actions, discuss what they learnt and come back to us with all sorts of feedback. We feel that the project achieved a strong presence not only in Blackstone, the community where strategies are piloted, but in the whole of the Ngaanyatjarra Lands. As one of our workers said: "Other communities want to do it too and they are looking forward to working with us." Feedback to one of the Steering Committee members indicates "a strong level of community ownership and involvement" and that "young women seem to like the project, although they can't pinpoint why". The weekly bush picnics continue to be very popular and are well attended. Looking after our resources became a shared responsibility, reflecting the community's concern for the project's success. An example of how even old things gained a new momentum is the comeback of the "smoking" of newborn babies, a tradition that had great significance for ensuring the good health and good behaviour of the child, but which has not been practiced for a while.
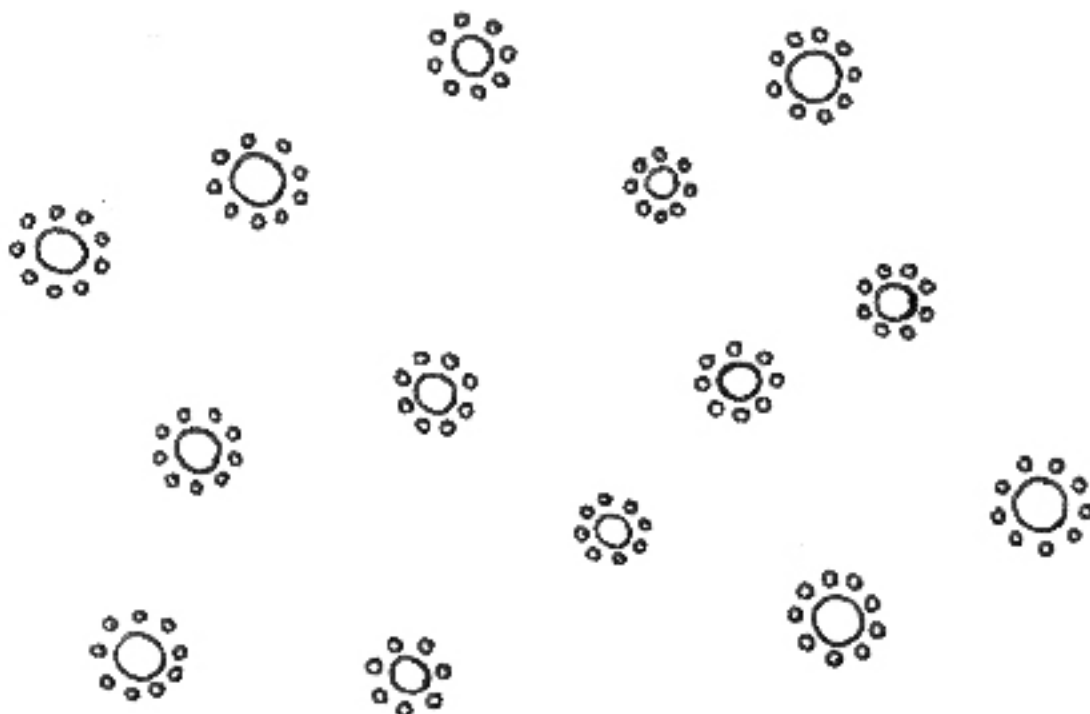
Recruitment, training and support of Indigenous foster carers

The following case study comes from the SNAICC Seminar Report "Our Future Generations" which was a national Indigenous Child Welfare and Development Seminar hosted by SNAICC in July 2003.

This case study is about an innovative Indigenous Foster Carer program by Yorganop in Perth, Western Australia. It highlights how the agency recruits, trains and supports their Indigenous foster carers.

The Yorganop Model   *By Dawn Wallam, CEO, Yorganop*

Child Placement service

Yorganop's primary function is to provide a service which gives effect to the Aboriginal and Torres Strait Islander Child Placement Principle. This aims to ensure the culturally appropriate placement of any Indigenous child in need of accommodation in an out-of-home care situation. We perform this role through finding culturally appropriate matched placements for these children. It is within Yorganop's reunification policy that, where appropriate, we approach family members first, to take on the caring role, and where it is not possible to find family members in a position to care for the child, a placement is arranged with a registered Yorganop community caregiver with the closest possible cultural background to the child.

Yorganop undertakes the recruitment, assessment, registration, training and support of these carefully chosen carers. Support and counselling for the caregiver is an integral part of this work, as is the monitoring of the success of the placement in terms of the overriding consideration that any placement must be in the child's best interest. We work towards reunification at all times. We also liaise with other agencies regarding appropriate out-of-home placements.

Caregiver qualities

Caregivers must have the knowledge and skills to:

- Understand the nature of foster care work, including the carer's role and responsibilities and the importance of the child's family;

- Be able to make a child feel welcome and secure;

- Encourage the child to have contact with relatives and maintain positive links with the Aboriginal community;

- Be able to work together with Yorganop towards reuniting the child with their family of origin wherever possible;

- Be prepared to undergo training programs; and

- Have a strong commitment to helping others, especially children, and meeting their needs.

Carer support

Service to carers includes:

- Liaising between Yorganop carers and the Department of Community Development (DCD)

- Recruitment

- Assessment

- Registration

- Training

- Advocacy

- Counselling

- Carer Reviews

- Networking

- Subsidy payments, clothing allowance, and children's pocket money

Liaising between Yorganop carers and the Department of Community Development

Yorganop values its positive relationship with the DCD and works hard to maintain it. Liaison between carers and DCD staff, so that interaction is always culturally appropriate, ensures this positive relationship flows on to our carers.

Recruitment, assessment & registration of carers

Community carers

Yorganop is very keen to involve more Aboriginal people in helping to prevent our children from being separated from their families and from the Aboriginal community. Community carers foster children placed in out-of-home care in either a crisis or emergency, or for a short, medium or long term placement. In this way they play a very valuable role in working with Yorganop to provide temporary, short, medium or long term care for children who may not be able to remain with their families for either a short or a longer period of time. Carers may also assist in providing respite for existing Yorganop carers who need a short break from the caring role.

- Yorganop recruitment is largely through word of mouth based on Yorganop's high profile within the Aboriginal child care sector. Assessment is based on a rigorous process designed to provide only quality care.

- An Aboriginal Registration Panel scrutinises each assessment report and makes recommendations to either register, register with conditions, or not to register, depending on the results of police, health, and community checks, as well as self-reports by potential carers.

- Before registration is complete, each carer is asked to sign a Carer Agreement and agrees to maintain specific standards in the placement, outlined in the "Standards of Care" document. They are then issued with a Certificate of Registration.

- Yorganop has a high carer retention rate, due mainly to the level of carer support offered by the Carer Support team.

- Yorganop also fosters within the Yorganop team a commitment to strict confidentiality, which ensures trust is maintained within the Aboriginal community, and a continuing pool of potential foster carers is ensured.

Training for carers

Yarning with Yorganop Carers

Training is an integral part of being a Yorganop carer and the completion of 10 modules within the first two years as a carer is stipulated in the Carer Agreement. The training package Yarning with Yorganop Carers has been developed by Yorganop to cover areas of importance and consists of ten short videos intended to stimulate discussion. Information sharing and participatory learning are both ways in which Aboriginal people like to learn, so the Yarning Guide (or Facilitator's Handbook) ensures that all points are covered, but that most of the input is from the participants.

The ten compulsory training modules which Yorganop carers are required to undergo deal with specific issues carers may encounter in the course of the placement. Yorganop adapted the ten modules developed by the Department for Community Development, so that they would meet the learning style of Aboriginal carers. Sessions are conducted in metropolitan geographic regions or can take place in the carer's own home, either in a group or on a one-to-one basis.

The modules Yorganop carers are required to complete are as follows:

- Getting Started: Things New Carers Need to Know (the business aspect of caring)

- Dealing With Sadness (grief for all kinds of reasons)

- Growing Up Kids (the developmental stages and how to recognise delay)

- Helping Kids Behave (rules and consequences, consistency and calmness)

- Family and Health (nutrition, physical activity, diseases – preventing and treating)

- First Aid (recognised certificate)

- Helping Kids Who've Been Harmed (includes protective behaviours for children and carers)

- Helping Kids Settle Arguments (without hurting people or things)

- Caring for Teenagers (beginning the journey into adulthood)

- Helping Kids Face The World (being proud to be Aboriginal and finding a career).

The positive completion rate of the modules for Yorganop carers is extremly high and illustrates the commitment Yorganop has to supporting and training carers to provide quality care. Yorganop plans to further develop this package towards accreditation.

The Yarning training is also offered to all Aboriginal and non-Aboriginal carers of Aboriginal children from DCD and other agencies. The offer is seldom taken up.

This style of learning is carried over into the nationally accredited training package which Yorganop offers to carers, and to other Aboriginal community members, the Certificate 111 in Child Care in Aboriginal Communities. More information about this training is listed separately.

Advocacy and counselling for carers

Carer Support team members offer advocacy and counselling at the request of carers, and generally do whatever is needed to help keep the placement stable.

Carer reviews

An annual carer review, which acts as a mini-assessment, is conducted by senior Yorganop staff. These reviews give the carer an opportunity to feedback to Yorganop both positive and negative aspects of the caring experience, and give Yorganop an opportunity to look at all aspects of each placement and where necessary to advise on future training needs.

Networking for carers

Training sessions and carer morning teas are popular events and networking with other carers in an informal way helps carers to share yarns and catch up with news, even get reassurance they are going OK. Children's days at Easter, Christmas, NAIDOC week, and at other times are also an important way for carers and staff to network. Special events to honour carer contributions to children's successes

and achievements are held periodically. Carers are also encouraged to seek out community resources and to network with mainstream community agencies. Children are encouraged to attend both mainstream and Aboriginal camps so they will come to understand not only their own cultural backgrounds, but the values of their culture within the mainstream environment.

Yorganop carers are also encouraged and nominated as attendees at sector forums as representatives of the Aboriginal community, and to provide a voice, not only for Aboriginal carers, but for carers in general.

Subsidy payments, clothing allowance and children's pocket money

Yorganop administers the payment to all carers of foster subsidy payments, clothing allowance and children's pocket money. We continue to lobby for similar financial support for relative carers.

Training in Child Care (Registered Training Organisation)

Yorganop Child Care Aboriginal Corporation is a Registered Training Organisation delivering training to the community, with a strong commitment to culturally appropriate training. Besides carer training package, Yarning with Yorganop Carers, Yorganop currently offers community members the Certificate III in Childcare in Aboriginal Communities.

Certificate 111 in Childcare in Aboriginal Communities

· Certificate III in Childcare in Aboriginal Communities Training Package has been developed by DCD in consultation with the Aboriginal community to address the need for trained Aboriginal Childcare workers in the community.

· Certificate III in Childcare in Aboriginal Communities is a registered Centrelink full-time study course.

The program is implemented in a culturally appropriate way with the use of guest speakers, activities and notes. Each student/learner is provided with 'five workbooks': a collection of resource material and information that can be built on.

Details of Workbooks:

· Workbook One: Introduction to Childcare Work, in the Community
· Workbook Two: Health, Hygiene and Nutrition for Children
· Workbook Three: Setting up a Children's Service
· Workbook Four: Child Development
· Workbook Five: Play and Planning

There are no prerequisites for this course.

The training program is flexible in delivery, assessment and presentation, and the mode of both delivery and assessment will be determined after consultation with students, with consideration for the location and time frame available to each individual learner or group.

Dissemination of the training package

Yorganop has been entrusted with the dissemination of the Certificate III in Childcare in Aboriginal Communities throughout the state of Western Australia, and will expand to a nationwide coverage as resources permit. Any Registered Training Organisation with current validation can apply to Yorganop to be allowed to deliver the package, providing they sign a contract to adhere to strict guidelines to observe high standards of delivery and assessment by trained Aboriginal trainers, and ensure that Aboriginal community members are able to access to the package without undue restriction through financial, geographical, or prior educational constraints.

Reunification service

Yorganop is contracted by the Department for Community Development to provide a reunification service for children placed with a Yorganop carer. The reunification process assesses the optimum level of contact possible between the child and the biological parents and immediate and extended family. The level of contact may range from full reunification where the child moves back into the care of their family of origin, occasional contact visits with the family, or re-establishing links back into the child's community of origin. At all times the best outcome for the child needs to be taken into consideration.

Yorganop has designated Reunification Officers who:

· Identify the child who is targeted for reunification
· Establish the level of the child's placement (short, medium or long term)
· Identify family and community links for each child identified for the reunification process
· Establish the level of the child's existing contact with the family of origin
· Compile Genograms
· Organize contact with the family and extended family
· Help to re-establish links back into the child's community of origin
· Explore the available government and community resources to enable reunification
· Liaise with other agencies where required
· Assess & report on the risk factor in the potential

family of origin placement

- Recommend to the Department for Community Development that reunification is ready to proceed.

Some of the important aspects of the work carried out by the Reunification officers are as follows:

- Liaison between carer/child/parent or family of origin and other parties

- Liaison with government and community resource agents to enable reunification

- Following the reunification process through to the desired outcome.

In addition to the Reunification Officers the Carer Support Team assists with the following reunification duties:

- Assist the Reunification officer to liaise between carer/child/parent or family (or community) of origin where required

- Support the identified parent/family (or community) member of origin in a similar way to which existing carers are supported.

SUPPORTING CARERS TO CARE: STRATEGIES FOR STRENGTHENING INDIGENOUS FOSTER CARE

What support is currently available:

Yorganop's support for carers currently includes the following focus areas:

Partnerships with DCD, SNAICC and other peak bodies and other agencies

With the goal of "breaking the cycle of care" we have endeavoured to work together with the DCD to ensure the ICPP can be fully and honestly implemented in our state, so that no Indigenous child whose parents were in care will in turn have their children taken into care if there is any way we can prevent it. We do this primarily by formulating a policy of forming productive and equitable partnerships, not only with The DCD, but also with our sister agencies, with SNAICC, and with the Department of Housing, the Department of Training, as well as the Commonwealth Department of Family and Community Services. We serve as the Secretariat for the Western Australian Indigenous Child Care Agencies Council (WAICCAC), and hope to see this peak body incorporated in the near future. Our membership of WAICCAC, as well as our affiliation with SNAICC, allows us to have a voice in issues which are of interest in the Indigenous community, not only locally, but statewide and nationally. By all of us working together for our mutual good we can only serve the best interests of Indigenous children in a more meaningful way.

Carer partnerships

Yorganop works to have carers included at all stages of the planning for the children in their care, and lobbies against the indiscriminate movement of children regardless of their best interests, often in response to unreasonable expectations of the biological parents and without consultation with the carer or Yorganop.

Culturally appropriate services to members of the Indigenous community

The Yorganop model is committed to maintaining culturally appropriate services to members of the Indigenous community, and our service is dedicated to providing culturally appropriate management, training, and supervision of all carer support, training, reunification, and administration staff in the most culturally appropriate ways of working. This commitment has led to Yorganop attracting quality carers, to whom we provide quality training, thus setting benchmarks, not only for Indigenous community agencies, but also across all agencies in the sector for many who commend the "Yorganop" model of foster care and training.

Where placement with a non-Indigenous carer is inevitable, Yorganop offers its training and networking services to those carers so that cultural contact is available to them.

In the role as Secretariat for WAICCAC, and as an affiliate of SNAICC, Yorganop has been able to develop a voice to ensure cultural issues are taken into account in policy making, and even in legislation, especially in respect to the recent inclusion of the ICPP in both the recently reformed Adoptions Act, and as proposed in the Child Welfare Act, currently under review.

Recruitment

Recruitment of carers does not constitute a severe problem for Yorganop. In a social climate where most agencies decry a shortage of suitable Indigenous carers, we have found that our new carers self-refer and usually come recommended from other carers.

This, we feel, is part of the Yorganop model of placing emphasis on the support and training of the carers to ensure a loving, warm and stable placement, which ensures a better outcome for the child in care.

Carer support

Support comes from the entire staff, but especially from the carer support team, who currently comprise three members who are trained in social work, and one who is experienced in the child protection field. Each carries a caseload of carers and the placements allocated to those carers. The DCD retains statutory authority over the children. However advocating for

the carer is usually in pursuit of the best interests of the children. Support, advocacy, advice, and a shoulder to lean on are all just a phone call away for all of our carers. Home visits are regularly scheduled. Since not all caseworkers with government agencies are well trained in dealing with our carers in culturally appropriate ways, we encourage all contact with our carers to come through Yorganop carer support workers, unless direct contact is initiated by the carers themselves because they have established a trust relationship with the caseworker concerned.

Carer safety

We have a protective mechanism of non-disclosure of carer details in place, which is understood and respected by most DCD workers, so that carers do not become directly involved with family of origin members unless Yorganop and the carer consider it safe and comfortable for them to do so. Carer safety is also protected in other areas by ongoing training in establishing protective behaviours as protection against burn-out or allegations of abuse in care. This includes offering brief paid respite to carers, and providing training in how to avoid allegations of abuse in care with support and advice should such accusation arise. Fortunately in the past these incidents have been rare.

Advocacy and capacity building

Yorganop carer support workers are often asked to act in an advocacy role in situations where carers do not feel comfortable speaking up for themselves. At the same time we encourage carers to access mainstream community resources and to reach outside the Indigenous community to seek resources for their families, and to offer help to others in turn.

Reunification

The reunification program, new this year to the Yorganop model, has nevertheless been carried out previously in an informal way, because we have always sought to return the child in care to the family of origin or the extended family of origin at the earliest opportunity. With a commitment to as early reunification as possible, locating appropriate family members by creating genograms for each child identified as eligible for reunification, and identifying possible risk factors associated with return to family, is a vital part of this service. Sometimes reunification can be restricted to increased frequency of contact with the family of origin if no suitable family members can be found or if potential family placements are considered unsafe or unsuitable. Carers are prepared as part of the assessment process, trained during training sessions, and supported and debriefed in the "loving and letting go" process as part of carer support.

Assessment

Assessment of carers under the Yorganop model is very carefully conducted and although it is clearly explained that there is no expectation that carers should be perfect carers or parents, no carer is accepted if there is any element of risk whatsoever. At the same time, every consideration is made of Aboriginal social and cultural norms during the assessment process. Police checks and referee reports are vital to this process, and personal histories are scrutinized by extremely skilled and culturally sensitive staff for potential problem areas which may indicate a need for further training. Community checks are also carried out so that any issues which the community members may be aware of, which are unknown to the mainstream community, may be brought to the assessment process and evaluated. This stringent process also ensures the protection of carers by adequately preparing them for their role.

Carer Agreements and standards for carers

Once assessed, carers are registered and asked to sign a Carer Agreement, which outlines the roles and responsibilities of DCD, Yorganop, and the carer. They are also issued with the document, "Standards of Care," which details Yorganop's expectations of the placement. The Carer Agreement outlines the DCD's, Yorganop's and the carer's roles in taking care of the child in care. It also includes information on what constitutes a critical incident and instructions on informing Yorganop about critical incidents which might occur. Carers also agree to annual reviews, and to undertake training.

Training for Carers, *Yarning with Yorganop Carers*

Training is part of our service to carers, and we place so much importance on the training of carers that we make it part of the Carer Service Agreement that 10 compulsory modules of training, modified from the DCD's 10 training modules, be undertaken within the first two years of becoming a registered Yorganop carer. One compulsory module leads to a First Aid Certificate. Called Yarning with Yorganop Carers or the "Yarning" package, the style of delivery is based on the Indigenous style of learning by sharing information in a "yarning" way, so that less experienced learners are exposed to the knowledge and skills of the more experienced members of the group. This package consists of 10 short videos, one for each module, and 10 corresponding booklets, together with a Facilitator's Handbook (otherwise called a "Yarning Guide"). We currently have a 90% completion rate for this training. The way that training is structured supports carers by providing them with new skills as well as acknowledging existing skills. This enables them to feel competent in the caring role. Accreditation will be sought for Yarning training to allow recognition of carer expertise in a more structured way.

The Certificate III in Child Care in Aboriginal Communities

The enthusiasm with which our carers undertook the foster carer training modules led us to gain Registered Training Organisation status so that we might be able to deliver nationally accredited packages for the benefit, not only of our own carers, but for members of the Indigenous community all over the country who might be able to access and study the Certificate III in Child Care in Aboriginal Communities Training Package. Members of the Indigenous staff of DCD developed, piloted, and then handed over to Yorganop this package to disseminate statewide. The reason Yorganop was chosen was because of our track record in successfully attracting Indigenous community members to access our training, the reason for this being that training is delivered in a culturally appropriate and non-judgemental way with full understanding of and sensitivity towards student learning styles, life experiences, and cultural expectations. At the same time delivery and assessment processes meet the national Department of Training standards.

We currently deliver to a total of over 40 students, and we work in a partnership contract with two RTOs to ensure a constantly growing number of Indigenous community members can learn how to set up and run a child care centre in their own locality, and can utilize the Certificate III in Child Care in Aboriginal Communities to seek employment, or as a pathway to further accredited study programmes. The Yorganop model in training fits in with Indigenous ways of learning, and apart from providing accredited, relevant, and culturally appropriate content, we also have a delivery and assessment approach which is flexible in that we take the training out to the carers, into their own community group, and in the case of Yorganop carers, into their own home if necessary. We allow students to study at their own pace and give constant support, while at the same time giving recognition of prior learning, and respect for the knowledge and wisdom of the group. Trainers fit in with the learner's schedule, being contactable and willing to train one-on-one where it is deemed necessary. Many carers have already elected to take part in Certificate III, as well as their compulsory training.

Referrals, planned and matched placements

A further feature of the Yorganop model and a very important part of our service to carers and to children who are placed into care is to ensure that placements are planned and matched. Referrals come either through the Central Agencies Placement Officer, or in the case of after hours crisis and emergency, through Crisis Care. We have recently expanded into taking 24 hour emergency and crisis placements, and planning prior to placement, for these are a little more difficult, but in our short, medium and long-term placements, children are placed, where possible,

with people from their skin group, or the nearest possible skin group to themselves. Ideally, children have an opportunity to "meet and greet" with their potential carers and carers invite the child to come and stay with them, usually for a night or two, and then eventually to become part of their family. In this way children do not feel they have been "dumped" or are unwanted, but there is a friendliness and warmth to the placement from the beginning. We ensure that all the physical resources are in place before the children arrive into the home. Therefore placement breakdown for Yorganop is rare, and children are currently exiting the care system at age 18 who have been with the same carer from apprehension to exit. Transition for children leaving care is also carefully planned and implemented.

Carer reviews

Carer reviews are another important part of the Yorganop model, with each carer being reviewed annually, with the review acting as a mini-assessment, and with the additional feature of the carer being given the opportunity to say what is positive and negative about their experience during the past year. Invariably there are no complaints and the carer is as happy with Yorganop as Yorganop is happy with the carer. Carer training is also reviewed annually and the training staff alerted to ensure all carers have the required modules. Recently we have many carers also accessing the Certificate III in Child Care in Aboriginal Communities, and have begun to encourage carers with specific training needs to undertake training available in the community to broaden their networks.

Information technology in accountability and record keeping

Record keeping is a key component of the Yorganop model for accountability and for planning future services. To facilitate this we employ a full-time information technology support person who is always available in a help-desk function. The IT Officer is also responsible for keeping statistics which reveal the level of each carer's contact with the office, and the number of home visits. We can check how the placement is going and how the children are faring in the placement by access to our own files, and also the DCD's LAC forms. In fact there is not much we are not able to find out about referrals, placements, carer registration details, past and present children in care, training applications, enrolments, assessments, access to the course, student particulars of module and course completion, certificates issued, and other useful information by tapping into the data bases set up by our IT Officer. The *Djidi Djidi* newsletter goes out to all our carers regularly and is the work of our IT Officer, as is the website (http://www.yorganop.org.au), and the graphic design on our pamphlets, and advertising material. We encourage carers in the use of computers and the IT support person is very active in this role.

Subsidy, clothing allowance, and children's pocket money

Another feature of the Yorganop model of carer support is our role in acting as contracted service providers for the DCD by paying foster carer subsidies, clothing allowance, and meeting some costs of the placement. We constantly lobby so that relatives who care for foster children might be provided with the same financial and support benefits afforded to community carers.

Carer networking

Yorganop regularly hold picnics, children's days, Easter and Christmas parties complete with Easter Bunny or Santa Claus who comes with a big sack full of gifts, courtesy of our benefactors. Carer and children's achievements are acknowledged at special events and in the *Djidi-Djidi* newsletter. This aspect of carer support has had the most immediately obvious benefit as carers have developed confidence and assurance in the foster carer role through networking. Community networking and networking for children have also been an area of focus for Yorganop which have demonstrated benefits for carers and children alike.

What strategies are required to enhance and expand foster care for Indigenous children?

The following areas are those which need to be addressed to provide an optimal placement service for children.

- Breaking the cycle of care
- Working together for our mutual good
- Maintaining culturally appropriate services
- Attracting quality carers
- Offering quality training to carers
- Setting benchmarks
- Providing a voice to influence policy.

Yorganop feels that in many ways they are currently able to claim a measure of success in all the areas listed.

We would also endorse the AFCA (Australian Foster Carers Association) priorities of:

- Permanency planning and stability of placement.

  Yorganop has a 100% carer retention rate over the past 12 months, and a 95% retention rate over the past five years. This allows a continuity of care which also reflects the degree of support offered to Yorganop carers. Yorganop would seek to maintain this standard.

- Consistent foster care training and accreditation.

  Yorganop intends to develop its own foster carer

training package for accreditation. Under the Yorganop model this is certainly an ongoing priority.

- National standards of foster care.

  Yorganop has formulated its own "Standards of Care" and would support a national standard for foster care, as this would be of immense benefit the sector.

Yorganop is also aligned with the SNAICC priorities of:

- Access to culturally appropriate childhood services, including childcare
- Eradicating abuse in care
- Placement in culturally appropriate placements
- Address issues of family violence and neglect
- Interagency collaboration in the best interests of the child
- International collaboration in the best interests of the child.

Yorganop will also strive toward improvement in the following areas:

- Improved subsidy support
- Improved housing options
- Improved carer support from agencies
- Improved carer support networks
- Improved matching of placements.

We have confidence also in the Yorganop model with its emphasis on carer support and training, and pursuit of the wellbeing of the child in placement through ensuring the placement is culturally appropriate, is planned, matched, supported, well resourced, and provided by stringently assessed, trained and accountable carers. We also have confidence in the Certificate 111 in Child Care in Aboriginal Communities which has the potential to introduce best practice in child care into every community, whether metropolitan or rural, whether accessible or remote, so that Aboriginal people will not only demonstrate their ability to care for children at an optimum level, but will become the benchmark for foster care and child care throughout Australia.

Family Reunification and Link Up

The following information was obtained through an interview with the Post Reunification and Healing Project Worker, Luke Walker, who is based at the Link Up Victoria. The interview took place about half way through the timeline for the project.

The Post Reunification and Healing Project (PRHP) is a six month project funded by the Office of Aboriginal & Torres Strait Islander Health (OATSIH), through their Innovative Programs stream. The main aim of the project is to inform Stolen Generations of the services that are available to them (both Indigenous and non-Indigenous), as well as to develop a healing program.

Luke Walker, the Project Worker, has spent quite some time visiting services and co-ops in the regions to gain an understanding of both the unique and similar issues faced by local people who are from the Stolen Generations, and to familiarise and make connection with service providers. This has included talks with Bringing Them Home Workers, Social Emotional & Wellbeing workers, psychologists, psychiatrists, co-op members etc. The Project Worker also wanted to find out what worked well (in terms of healing and moving on after reunification) and what hasn't worked so well.

So far Luke has found that in Victoria, there are many members of the Stolen Generations who have come from interstate. He theorises this could be due to the early settlement of Europeans in Victoria, and the fact that Koories from Victoria were some of the first to be assimilated by the Government of the time. He has also noticed the subtle differences of issues in the regions, and notes with interest the historical context of these differences. For example, families who came from a mission east of Melbourne have moved around the outer south-eastern suburbs. A major issue there is drug and alcohol use, although many people have a good sense of who they are, where they come from. Yet there are large families from Western Australia living around Sale, which is about a 4 – 5 hour drive south-east of Melbourne. The issues in these communities are different yet similar. Drug and alcohol issues are common but for families such as those from Western Australia, where there is little or no connection to community, there is a need to raise awareness of services available to them.

In terms of post-reunification issues, Luke has found many people have felt victimized by their community if the community has denied them. Many Stolen Generation people have already lost their cultural heritage and often go through life experiencing a lack of identity and no sense of belonging. This is reinforced if they are rejected by their community which, in turn, makes healing an incredibly difficult thing to do. Luke feels this can be overcome by tapping into the individual's personal power and strengths.

"They need to know they are survivors, not victims. Some people seem to feel like they are eternal victims, and if we can change this self-perception and reinforce the inherent strengths of the individual, the victim mentality (which has become a lifelong and inter-generational issue) can be overcome."

Luke believes by empowering individuals we can in turn empower the community, as the people who have survived trauma, abuse, racism, rejection and so many losses, are potential leaders of our communities.

Using this belief as a basis to develop the Post-Reunification and Healing program, Luke envisages the following methods, messages and principles should be advocated:

- Community education programs about the Stolen Generations should be delivered before Healing programs occur to address the issue of communities denying people who return home. This should include information about lost opportunity to learn about one's heritage, loss of identity and culture, and the inter-generational affects of being Stolen.

- Community education programs as well as post-reunification and healing programs should occur in an informal setting, with peer education being the preferred method of delivery.

- Being part of the Stolen Generations is significant, but it does not define who you are.

- Changing from a negative to a positive self-perception or self image is imperative for empowerment to occur.

- People who are empowered affect change in their community.

- People who affect change in their community provide leadership and modeling to younger members of community.

Aboriginal Children's Centre, Tasmania – Parenting Information & Support Programs

The Aboriginal Children's Centre in West Moonah, near Hobart, is operated by the Tasmanian Aboriginal Centre (TAC) which is the largest Aboriginal community based organisation in Tasmania.

The TAC has been providing a range of services for Aboriginal families in Tasmania for over 30 years and is committed to programs based on prevention, early intervention and support through its many programs including family support and care, health service, parenting and children's programs. The Aboriginal Children's Centre is a Multifunctional Aboriginal Children's Service (MACS) and has been in operation since May 1989 and provides a range of children's services programs for children 0 – 12 years as well as parent support and information programs for families. Linkages to health and family support services allows the Centre to provide holistic services to families and children who use the Centre. The Parent Information and Support Program has been developing over time with the main hurdle being adequate and long term funding. Alternate funding options are currently being sought to ensure the program continues.

The Parent Information and Support Program is based on a prevention and early intervention model providing a range of services to parents with children aged 0 – 5 years. Provision of services that support and inform parents is through a range of services including playgroups, information and a home visiting service. The Centre advocate their preventative and early intervention programs as a 'Parental Capacity Building' model, empowering Aboriginal children and families whilst valuing culture. Reflected throughout the services provided, empowerment of parents occurs in a number of ways:

· Ownership of circumstances through support and advice

· Practical parenting skills, information and support

· Involvement in child's education process through support and encouragement

· Understanding of how children develop and learn

· Valuing and acknowledging parents' role

· Transition to school – home visits during the kindergarten year and written material is an essential part of the early learning and parent support program.

The diversity of services provided by the Program has developed in reflection of changing community needs:

● Home visits providing 1:1 sessions available with family support workers or parenting workers

● Mothers' and fathers' support groups (which include grandparents, aunts and uncles), parenting information sessions with guest speakers, ADHD support group

● Training sessions (the TAC run an accredited 'Caring For Children' course which parents and caregivers are encouraged to attend)

● Written materials and information (monthly newsletters and a calendar that highlights TAC events, provides parenting information and activities to do with children, nutritional recipes, self care notes)

● Regular family activities (barbeques, visits to the zoo etc)

● Playgroups, swimming lessons and water familiarization classes

● Resource lending library – a variety of material about parenting and child development, developmentally appropriate toys, videos etc.

The Aboriginal Children's Centre state that the success of their service is about relationships. Firstly, the relationship with an established service needs to exist. In this case, it is the relationship between the TAC and the Aboriginal Children's Centre which is fundamental to the success of the program. Then there is the relationship with parents and families who attend the Aboriginal Children's Centre. The Centre has an open door policy, so parents are welcomed and encouraged to drop in or phone in at anytime to access any of the services. There is a genuine respect for families which is evident from the time one walks into the Centre and is welcomed by the warm and friendly staff. This non-threatening approach opens the door for families to make contact, establish relationships with Centre staff and other parents, and receive the support they require.

The range of services provided have proven to have had a dramatic effect on the child, parent and indeed the whole family, particularly on vulnerable families within the community.

Aboriginal Family Worker in Newcastle (NSW)

Newcastle Family Support Service is a mainstream family support agency that has operated for a number of years. About five years ago, it received funding through the Commonwealth Department of Family and Community Services (FACS) to employ an Aboriginal worker to make mainstream services more accessible to Indigenous families. This was a pilot service that closed after its three years of government funding, but it had just started to establish trust with the Indigenous families in their area. However, the agency was able to keep paying the worker until they received new funding for her position under the Commonwealth's Indigenous Family Well-Being Initiative in October 2001.

This project is being conducted in partnership between Newcastle Family Support Service (FSS) and a local Aboriginal organisation – Warlga Ngurra Indigenous Women's Refuge. Carol Smith, the continuing family support project worker, works 22 hours per week and the project is managed by Newcastle FSS. The project's Advisory Group consists of Aboriginal people drawn from people in that community or other organisations through Carol's contacts. This Advisory group was established as a result of concerns about the impact on a sole Aboriginal worker of working within an otherwise white organisation. The project has in fact impacted on all of the Newcastle FSS, and all the staff have learned a great deal. The Advisory Group has been a loose group although some members have attended consistently. The group meets either monthly or bi-monthly to address issues that arise. For example, there was debate about whether the mainstream agency should fly the Aboriginal flag from its building, and it was agreed that it would fly from Monday to Friday each week. The non-Aboriginal workers have learned to listen better, and have been challenged as members of the dominant culture as to the power they have, how they listen, and how to do things. Gradually, through many ups and downs, the cross-cultural relationships are improving and there is increased trust between workers from the two different cultures. There were initially long periods of staff feeling timid, and not tackling the real issues or the subtle racism. The group is still learning.

Carol has up to now worked with Indigenous families who have sought help from Newcastle FSS or those who have referred themselves to her. She is well known in the area as an experienced mother of five children, who was in a 20 year relationship before they divorced, and so is a person with whom women might speak of their various personal problems. Their problems are often many and complex, and their lives are often in constant crisis with the number of deaths in the community. For example, women ask her to help get them into a women's refuge, and to fix problems such as housing, children's behavioural problems and marital issues. She will sit down with parents (mothers mostly) and chat with them and try to find out what their problems are. She would then suggest various strategies or different approaches that might help. She explains that children often react badly or act up when there are difficult circumstances in a family, and she tries to help mothers take more control of the situation that is affecting themselves and their children. She has sat in on training in counselling methods, and worked with the agency's manager about how she might be able to counsel her clients. Often she visits families weekly for a few months or keeps in touch by telephone.

However, she is concerned that the families who often need help the most are those who are least likely to seek it. In addition many Indigenous people will not take their problems to white people. Carol is thinking about changing the way in which she always works with families through the referral system, and wants to spend more time visiting families in an informal way such as knocking at their doors unannounced. She is often aware of problems in families who have not sought help, and her presence in a house having tea with a mother would not be threatening to most husbands.

The agency first wanted her role to include running groups on issues such as budgeting, domestic violence and anger management, but the Indigenous women would not attend as they saw this as being labelled. Carol called a meeting to ask the women what they wanted and they said they wanted to get together to do quilting. The group has now been

running for four or five years, and the women feel safe there because their husbands see it as acceptable and non-threatening. Through this group or "drop-in centre", the women feel able to talk to each other about their concerns and personal problems, and they grow stronger from this sharing of information and support. Each week they have at least six to eight women attend and sometimes 40 will turn up or pass through. Carol goes to the weekly group in the role of part craft-learner and half-leader of the group.

Carol has now run a few family camps. The last one (for isolated young mothers) was an idea of the Advisory Group, and it was hoped that this might lead to an ongoing supported playgroup – but nobody came. It has been decided now that it might be better to organise occasional one-off all day events, rather than something longer which might coincide with the frequent emergencies and crises. Recently, they have had an all-day event for young parents, who attended and found it valuable.

The Newcastle FSS manager considers that they have learned a number of things from the project to date. They initially expected too much of themselves, and found that they could not do things at the same rate. For example, the development of mutual trust required more time and patience, and they experienced frustration when it felt like they were not achieving anything.

Newcastle FSS have now run several supported playgroups and some have had Aboriginal families present. As an agency, they are now generally seeing more Aboriginal people in their services. In addition, the organisation has also employed two further Aboriginal staff. In 2002, Newcastle FSS organised some discussion groups/awareness-raising with their mainstream clients, at which the facilitators addressed racism. The families who took part in this group all felt they had learned things they had never realised and they now had a better understanding of Indigenous people and their concerns.

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CHILD DEVELOPMENT

Abuse and neglect

SNAICC's involvement as a
provider of information on care
for those in need

Parents and children who
are protected by appropriate
organisations

Shield is the symbol of
protection

SNAICC providing information to
families

Open hand represents care
from social, emotional, mental
and physical neglect or abuse

The reed represents growth of
the individual

Coolomon represents the
nurturing of others

The future and the flow of
happiness
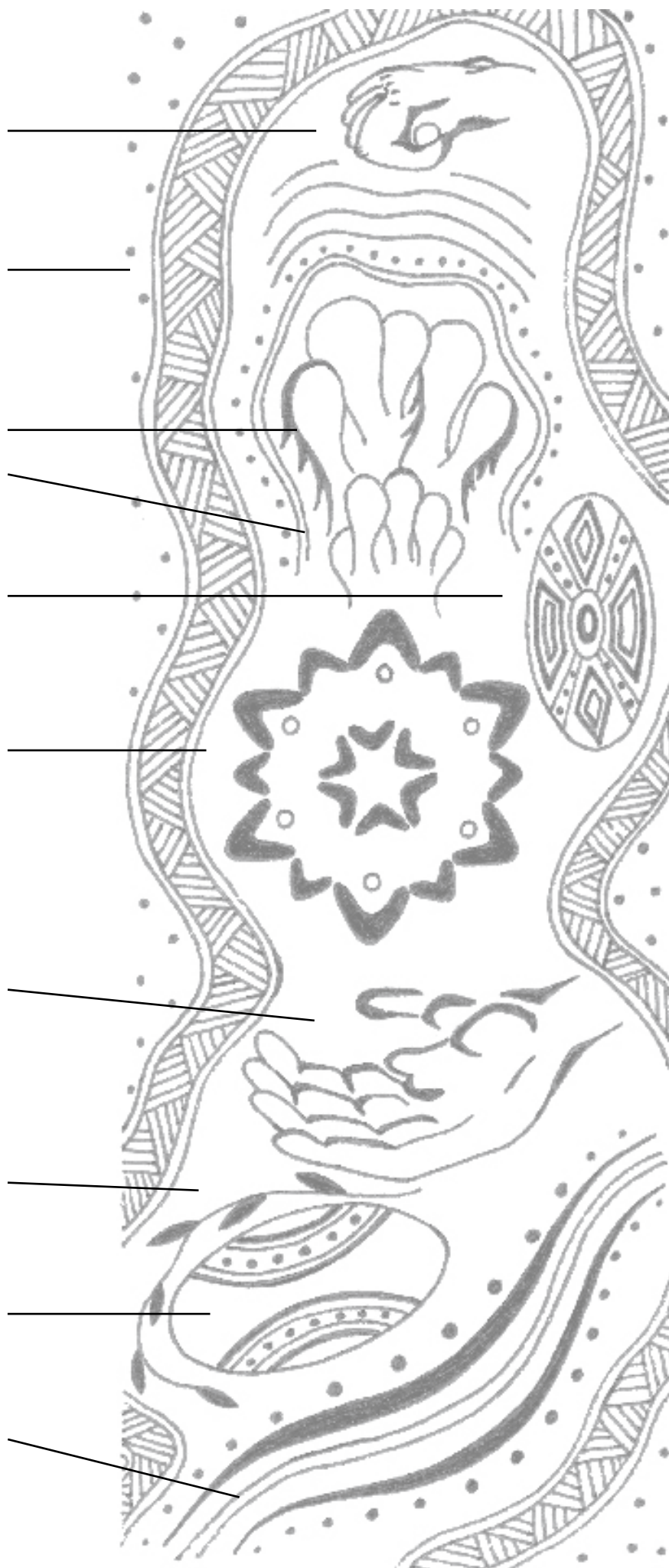
Introduction

Different cultures have different beliefs, values, systems and practices for raising their children and making sure the needs of young children are met. Knowledge about the stages children go through as they develop and what children need to grow healthy and strong is passed from one generation to the next. In some cultures, particularly Western cultures, communities rely on research, texts, formal written information and training programs to pass on this knowledge. Aboriginal and Torres Strait Islander communities have traditionally relied on oral history and on child rearing practices passed down from generation to generation.

This section of *Footprints to Where We Are* provides information about:

- Aboriginal and Torres Strait Islander perspectives on early childhood

- The importance of family in children's development

- Meeting children's developmental needs

- Developmental stages and milestones

- Case studies featuring the work of a range of Aboriginal and Torres Strait Islander early childhood services.

Aboriginal Perspectives on Early Childhood

Aboriginal and Torres Strait Islander beliefs vary from region to region, but there are some universal beliefs that underpin the approach of Aboriginal and Torres Strait Islander communities to raising children. Key principles include the Dreaming, Law, and family systems. Children are seen as "little people" and are gradually introduced to their obligations in regard to Dreaming and the Law. Children are not

"Indigenous Early Childhood to me is about a community investment in the early years of development through program support for children and support and information for families. It is about both quality care and learning experiences that enrich our children's early learning experiences and has a vision toward a strong connected community. It is about family and trust and culture, it is about a balance between contemporary and traditional and it is about making children the priority in all our work."

Alison Overeem
Aboriginal Children's Centre
West Moonah, Tasmania

"Indigenous early childhood is about Aboriginal and Torres Strait Islanders families, community and staff working together between ourselves to establish programs that meet the needs of our children. We must recognise, accept and acknowledge our roles and the responsibilities we have to provide positive outcomes for our children. Meeting the needs of our children in Indigenous early childhood programs must firstly compliment and support the child's family and community to establish and promote a strong and firm grounding that gives the children a positive sense of themselves and their belonging and connection to country, to family and to community. We also have a responsibility then to learn for ourselves about others and the wider society and how we and our children can survive and participate in the 'bigger world'.

Veronica Johns
Remote Aboriginal Children's Services Support Unit
Batchelor Institute, Parap, NT

seen as helpless, or requiring constant guidance, but are nurtured by significant people within their family system to help them establish their identity and understanding of their roles and responsibilities in the world.

Because Aboriginal and Torres Strait Islander people do not have one set way of seeing things, and because different life experiences shape beliefs and change traditions, there are various perspectives in regards to children's development and what that actually means. SNAICC consulted some of their member organisations working in the Early Childhood sector asking people to tell us what Early Childhood means to them. Responses received highlight the diversity of perceptions that exist in different communities. Some of these responses are included throughout this document.

Aboriginal and Torres Strait Islander Early Childhood services encompass the needs of the whole family, for the child cannot be viewed in isolation from their family. Aboriginal and Torres Strait Islander services possess an inherent knowledge for the needs of their children and families and are in the best position to provide a relevant service.

An important aspect of early childhood socialisation for Aboriginal and Torres Strait Islander children is the learning of their culture and the obtainment of a strong sense of identity. The way children are socialised and reared is important to the continuation of Aboriginal and Torres Strait Islander culture.

CHILD DEVELOPMENT

Early childhood as part of a lifehood continuum

Karen Martin, Noonuccal/Bidjara woman and Children's Ambassador from C&K Association in Queensland describes early childhood as part of a lifehood continuum. Karen says her perspective has been shaped by her life experiences, her upbringing and the knowledge handed down to her from her ancestors and Elders.

> **"I can only speak from my own understanding, experiences and realities. Therefore, one-size does not fit all because the one-size-fits-all model is not respectful.**
>
> **At the core of our world are the Ancestors. The place of the Ancestors is implicit in all that is said, done and will come to be. The Ancestors have always been and will always be. So even if we don't know who they are, they do know who we are."**
>
> Karen Martin, Noonuccal/Bidjara woman
> & Children's Ambassador, C&K Association, Qld

Birth and childhood are seen within the context of lifehood. Life is seen as a continuum with different rites and ceremonies occurring to mark the end and beginning of a stage. These lifehood stages are described by Karen Martin as follows:

Conception

Birth

Babyhood

Childhood

Young Adulthood

Adulthood

Elderly and Death

In her own words, Karen describes the early life stages:

Conception

To 'parent' is to give function and service to the spirit of the child so that it emerges as the child grows and fulfills the tasks of lifehood. This begins at conception which is not only biological, but spiritual, physical, psychological. So, to parent is not only to conceive as a biological function, but to be drawn into and prepare for the changes that will occur to 'grow up' the child or more particularly the spirit.

Birth & babyhood

The birth brings about the tangible expansion and introduction to the world that has been waiting. Not just the family, but the world. It initiates the first set of specific rituals in preparation for and the arrival of the spirit as a child. Babyhood then, is the introduction of the family to the child, not the other way around. It is indeed a child-centred reality.

Childhood

Childhood is signified by changes in physical maturation. The child is viewed as capable, autonomous, and an active contributor. She/he is charged with responsibility for regulating his/her own behaviour, filling his/her own needs and building and reciprocating relatedness to others. Introductions are not only to people, but also to other elements within our worlds namely: the land, waterways, skies, climate, animals, plants and the spirits. So the child engages and experiences the world in ever increasing sets of relatedness that are guided by other people and these elements, particularly the spirits. A child's name is given to reflect this.

Karen Martin

The importance of family in children's development

Throughout the resource directory SNAICC uses the term family to represent the very broad set of relatives, kin and other community members that commonly have a role in nurturing Aboriginal or Torres Strait Islander children. This includes a child's birth family, grandparents, uncles, aunties, Elders, cousins and kin.

Families are an important context for child development. Most children grow up in families and, in their early years especially, families have a major impact on children's lives, influencing their developing patterns of thinking, feeling and behaviour. Although children may spend time in other places or contexts (eg at childcare) from their early years, the emotional intensity of families means that what they learn from their families is likely to be extensive and long lasting.

Families influence children's development in a number of ways. Parents, brothers and sisters and members of the extended family can exert an individual influence on children. However, that influence is more than an individual one because it occurs in the context of the whole family. Families tend to develop their own ways of dealing with their problems, of allocating resources of time and affection, and of maintaining patterns of harmony or discord. Children living in families learn such patterns, whether or not they are later accepted or rejected.

The basic roles of a family include:

- Providing continuity of care throughout childhood;
- Providing food and protection from danger;
- Passing on cultural knowledge;
- Attending to a child's spiritual development;
- Showing children how to be socially competent – to get along;
- Helping children adapt to life crises;
- Meeting the changing needs of children during development;
- Ensuring children have positive self-esteem;
- Encouraging children to reach their full potential;
- Promoting the child's physical and emotional health.

Strong and stable families provide the best framework for children's well being and the foundation for adult roles and responsibilities. Key family qualities or strengths include:

1. communication – that is open and positive;
2. togetherness – sharing time together and enjoying each members' company;
3. sharing activities – promoting satisfying interaction among family members;
4. affection – showing warmth and caring towards family members;
5. support – helping family members to cope with stress;
6. acceptance – willing to accept situations;
7. commitment – following through on promised actions, family obligations or feelings;
8. resilience – contributing to the family's ability to deal with stress and crisis.

All families have strengths and capabilities. If time is taken to identify these qualities and build upon them rather than focusing on deficits or weaknesses, the chances of making a significant positive impact on the family unit will be enhanced.

Families stand between their children and the wider society. They can assist their children to gain access to aspects of the wider society that are beneficial for their development, they can shield their children from harmful contact with the world outside and they can encourage contact that is beneficial.

However, it is through social interaction – beginning in the family and later extending to other groups – that resources are turned into forms of competence.

Families that build competence in their children are those in which the parents, carers and other family members:

- encourage children to explore and manipulate their environments;
- frequently engage children in conversation;
- participate in joint activities;
- hold high but reasonable educational expectations and hopes for their children;
- reward children for competent behaviour;
- point out the consequences of behaviour to children;
- allow children to try new things and learn from doing;
- have an emotionally warm and supportive relationship with children;
- avoid the use of harsh physical punishment;
- provide assistance with things children need to do and encourage children to do well;
- encourage independence in children; and
- have family relationships that are relatively free of serious conflict.

Each family has its own unique way of interacting, with implicit family rules and accepted roles of each member. Healthy families are those where communication is open and the "rules" of family are flexible and can adapt to changing demands. Family encouragement of children to express themselves can make a positive difference for children's development. Families also need to be able to adapt to developmental changes in their children. Demands and expectations placed on a 10-year-old will be quite different from those placed on a 15-year-old.

Families work best when they are in some kind of balance. As long as the implicit rules are followed, the feedback from other family members is fairly positive. If, however, the rules are flouted, the feedback becomes negative and the family tips out of balance. The more serious the flouting of the rules, the more out of balance the family becomes. The system becomes stressed and family members become distressed.

> **"The first important issue to me is that our children must feel like they "belong somewhere" and that this "somewhere" is with people who will care, love, and support and protect them.**
>
> **In other words give them a strong sense of self identity. This identity encompasses their language and culture and teaches them where they sit within their own families (who they belong to) and this fact is very vital to them. Knowing your family is so important to young children. Most Aboriginal families right around Australia know the importance of identifying our "mob" and where and who we are related to and where we fit in. The other important factor to remember is that Aboriginal families differ a lot in other areas as well eg: employment, income, lifestyle, values, family structure (particularly families who have a parent who is not Indigenous) health status, language etc. These are important facts to remember as we don't want stereotypical images of our people. I have always maintained that diversity is to be valued in all cultures. I also believe that unless we share and teach these differences we can't make headway for our children."**
>
> Debbie Bond
> Aboriginal Resource Management & Support Unit
> Network SA
> Regency Park, Sth Australia

Connections between families and communities

Families do not affect children only in terms of their internal dynamics. They also influence children's interactions with the world outside a family. Factors inside and outside the family affect its performance of functions essential for children's well-being and development. These include:

· providing care and nurturing for children;

· providing resources and opportunities;

· protection from risks;

· transmitting cultural and moral traditions and values; and

· preparing for life beyond the family (socialisation).

Families socialise children, teaching them cultural values and acceptable ways of behaving. Families transmit cultural values, often through everyday practices. Families can be seen as training grounds for children's participation in the wider society.

Families cannot be seen as standing alone in their children's lives, as they are tied to other social systems eg schools, and to their local communities. Children also need to be aware of the various laws that govern society and the community in which they live. All families need to be supported by a caring and strong community, for it is community (support) that provides the informal and formal additions to families' own resources.

Just as a child needs nurturing, stimulation, and the resources that caring adults bring to his or her life, so too do parents and other carers. Parents, families and carers need the support and resources of a caring community if they are to fulfil their roles well. Typically Aboriginal and Torres Strait Islander communities see children as belonging to the whole community – with raising children a shared community activity.

This approach is common in Indigenous cultures and the old African proverb, "It takes a village to raise a child", refers to the importance of the wider community in raising children.

All children's developmental needs

All children need love and affection, nutritional food, shelter and protection in order to survive. Aboriginal and Torres Strait Islander children have the same basic needs as all children, but there are factors affecting the well-being of Aboriginal and Torres Strait Islander children which mean they require particular attention and care.

This was highlighted by Tim Moore, Senior Researcher at the Centre for Community Child Health (Royal Children's Hospital, Melbourne), in his paper 'Recent Research on Child Development: Implications for Young Indigenous Children and Communities', presented at *Our Future Generations: the National Indigenous Child Welfare and Development Seminar* hosted by SNAICC in July 2003:

> *Aboriginal children have the same general needs as other children, and their family and community environments are well equipped to provide them with the experiences essential for their development. However, there are a number of ways in which Aboriginal children may be more vulnerable than other children:*
>
> · *They are more likely to be of low birth weight*
>
> · *They are more likely to live in poverty*
>
> · *They are more likely to suffer from nutritional deficiencies*
>
> · *They are more prone to health problems, eg. ear infections and hearing loss (Leach et al, 1994; Boswell and Neinhuys, 1995,1996), and frequent and persistent skin infections*

- *They are less likely to make use of mainstream health services*

- *They are also less likely to make use of mainstream early childhood services, and may instead use unfunded and unregistered services of uncertain quality*

- *They are over four times more likely to be on a care and protection order than non-indigenous children (Broadbent and Bentley, 1997).*

Moore also notes that Aboriginal and Torres Strait Islander families also need special care, attention and support; they too have the same basic needs as all families.

Just as Indigenous children should be viewed as having the same basic needs as all children, so their families should be understood as having the same basic needs as all other families. It is likely that some of their needs can (and should) be met through a combination of their own support networks and the universal services available to all families. However, they will also need some form of additional or specialised support.

There is an important principle involved in this approach: Families with special needs should be thought of as families first of all, rather than Indigenous families or families of children with a disability. The underlying presumption should be that such families have universal needs that they share with all families, plus some additional needs unique to their particular subset of families. This is in contrast to thinking of them as different classes or types of families altogether, all of whose needs should be met through different specialist systems of services.

The needs of children can be met in different ways. Traditionally, the needs of Aboriginal and Torres Strait Islander children during early childhood would be met by family members: parents, aunts, uncles, grandparents and siblings. Community members would have significant responsibilities as well, such as Elders being a major influence on children and the passing of knowledge about culture and traditions.

Over time Aboriginal and Torres Strait Islander communities have changed for many different reasons, but one thing that still holds strong is the notion that everyone in community has a responsibility to our children, to help them grow strong.

With the disintegration of many families due to forced removal, separation, relocation and other factors there is now a greater need for support from community services such as Aboriginal and Torres Strait Islander child and family welfare services and early childhood services. There are many people who fill the roles in these organisations, some may be family

members of those seeking assistance, some may be non-Aboriginal people, and some are members of community who are dedicated to growing up children strong.

Aboriginal and Torres Strait Islander Early Childhood services are very important and provide a valuable service in communities. The demand for support from Aboriginal and Torres Strait Islander organisations can far outweigh the supply, so options may be few in terms of where families can access the support they require in order to meet the needs of their children. This is not just an issue in terms of limited options, but there are also issues in relation to accessing alternative options. Tim Moore describes some of the barriers to Aboriginal children having their needs met:

What are the barriers to Aboriginal children having their needs met?

- *Non-Aboriginal systems and institutions may not recognise or respect Aboriginal structures and ways of doing things*

- *Non-Aboriginal systems and institutions may fail to recognise and build upon cultural and personal history, experience, skills and knowledge that young Aboriginals bring from their homes (Grant, 2001)*

- *Lack of continuity between home and early childhood or community environments*

- *The various economic assistance schemes available to Aboriginal families are based on models that reflect a nuclear family structure (ie. a parent with dependent children is eligible for benefits designed for the parent and children), rather than the extended family which is the primary family structure for many Aboriginal communities*

- *Difficulties in recruiting Aboriginal workers (eg. for Identified positions in the Department of Community Services)*

- *They may experience outright bias and racism.*

The above reinforces the expertise of Aboriginal and Torres Strait Islander Early Childhood services and the lack of recognition and integration of Aboriginal or Torres Strait Islander culture and circumstances by Non-Aboriginal organisations and government departments.

Non-Aboriginal Early Childhood services could learn from Aboriginal and Torres Strait Islander services in regard to how they can engage with Aboriginal and Torres Strait Islander families and how to provide a quality, relevant option for Indigenous families. Butterworth and Candy (1998; in Moore) identified the following criteria for provision of quality early childhood services to Aboriginal children. Perhaps this list is not exhaustive, but it does reinforce the

CHILD DEVELOPMENT

expertise of existing Indigenous specific children's services as we know this is way many of our services function.

> *What additional experiences and services do Aboriginal children require to develop well and to participate meaningfully in family and community life?*

> *Butterworth and Candy (1998) have identified the following features as underpinning quality early childhood services for young Aboriginal children:*

> - *Effectiveness and acceptability: 'In order for programs to be effective and acceptable to the Aboriginal community, they must incorporate Aboriginal involvement at all levels and be flexible, building on Aboriginal culture, experiences, skills, and prior knowledge in order to meet the current needs of Aboriginal children, parents and communities' (p. 21)*

> - *Access and equity: This involves increased access through provision of transport and outreach services, increased participation in preschool, a holistic approach to education and care of Aboriginal children, and the use of Aboriginal teachers and aides to enable early childhood education in Aboriginal languages.*

> - *Relevance: Programs for young aboriginal children must be relevant to their daily lives.*

> - *Aboriginal communication and learning styles: Awareness of the characteristics of Aboriginal communication and learning styles.*

> - *Efficiency: Language differences can undermine the efficiency of learning, and bilingual approaches are to be encouraged.*

> *The way to ensure inclusive and appropriate education for Aboriginal children is through active engagement with their families and communities, as in the 'Building Bridges' project (Grant, 2001).*

> **Tim Moore**

Developmental states and milestones

All children have the same basic needs for nutrition, affection, security, protection and nurturing. It is important to remember however that different cultural groups, including the diversity of Aboriginal communities and Torres Strait Islander, may each have their own unique ways of raising their children. The role of children within their cultural group and family will also have a profound impact on how children develop. In some cultures young children have a high level of mobility and physical activity promoting more rapid development of gross motor skills. In other families and cultural groups verbal communication may be more significant promoting

more rapid development of language.

The following material has been prepared the Centre for Community Child Health at the Royal Children's Hospital in Melbourne and SNAICC. It provides a summary of what published reports and literature have to say about children's development.

It has been prepared to provide people working with young children with some clear, succinct information about child development. We recognise that a child's development is affected by a myriad of factors including their local environment, the resources available to their family, their interactions with the broader community and very importantly their culture.

Health during pregnancy

Pregnancy is divided into three 'trimesters' ie three lots of three month periods:

- The **first trimeste**r is from conception to about 13 weeks of pregnancy. During this time the doctor or nurse may check the mother's health and the health of her growing baby.

- The **second trimester** is from about 14 to 26 weeks of pregnancy. During this time the baby's growth and mother's well-being should be checked.

- The **third trimester** is from 27 weeks until between 40 and 42 weeks of pregnancy. During this time, a health worker or doctor should be regularly checking the baby's growth and the mother's well-being. The mother should be preparing for the birth and the immediate period following the birth.

Pregnancy care

SNAICC knows that care during pregnancy will depend largely on access to services and support at a local level. Equally the knowledge of Aboriginal and Torres Strait Islander family members, Elders and other women will be of great importance, not just the advice within formal services.

Within most States and Territories maternal health services recommend the number and timing of routine pregnancy visits for women considered at low risk. In Victoria between seven and ten appointments during pregnancy are recommended. These visits aim to ensure expert monitoring of the mother's health and her baby's development and are a time when she can access information and have her questions answered. A new mother-to-be should be able to get information about pregnancy and/or the birth and have any questions answered. Some visits will include recommended tests and investigations.

The number and timing of visits should be flexible to suit the mother. The doctor or nurse should give her a schedule of appointments at her first pregnancy visit.

Each visit will include a thorough assessment and opportunity for discussion. If she would like additional visits, she should discuss this with her doctor/midwife. Also, extra visits may be arranged if the need arises.

Within most states and territories there are some services available to new mothers and fathers. For example maternal and child health nurses provide support and assistance to new mothers. Also, early parenting centres can provide support and assistance. These centres provide a day stay and/or residential care for mothers having difficulty with feeding, sleep/settling and behaviour of new babies.

Childbirth education

In less remote communities, childbirth education classes may be provided. Childbirth education is also known in different places as antenatal classes, parent education, or parenting classes. These are usually done at the hospital or maternity care service where the mother-to-be has chosen to give birth. These classes may also be run in community settings. Childbirth education provides the mother and her family with information about what to expect during pregnancy, labour, birth and the weeks after birth including caring for the baby. Topics usually include:

· The birth process and care after birthing

· Feeding the baby (breast-feeding where possible)

· Physical and emotional changes after birth

· Terms and words used in maternity services

· Support services and community resources.

Fertility and becoming pregnant

There are a number of reasons why some women have difficulties becoming pregnant. If a mother is experiencing difficulty in becoming pregnant, she should talk with her local health service, clinic or doctor who can refer her or her male partner for tests to find out the cause of their problem.

More information

For information about infertility or how to predict fertile times, contact the Family Planning Association in each state or territory.

Folate/folic acid and pregnancy

Folate or folic acid is a group B vitamin found in a variety of foods. Everyone needs folate in their diet. It is recommended that if a couple are intending to become pregnant the woman should increase her daily intake of folate for at least one month prior to pregnancy, and during the first three months of pregnancy (first trimester). By taking folic acid daily or eating foods rich in folate, she can lower the risk of

her baby having defects such as spina bifida. Some foods have folate added (eg breakfast cereals) and other foods are rich in folate (eg asparagus, spinach, oranges, bananas).

More information

See the Department of Human Services (Victoria) Publications, Public Health Topics, Healthy Living Topic: "Folate". The website is www.dhs.vic.gov.au

Protection against German Measles ("Rubella")

German measles is a viral infection that normally occurs as a mild childhood disease. However, if a woman contracts rubella in early pregnancy, her baby will become infected in 90% of cases. Rubella causes deafness, blindness, heart defects and intellectual disabilities in babies. The World Health Organisation recommends all women in the childbearing age group be vaccinated for rubella. If a woman is thinking of becoming pregnant or is early in her pregnancy, her doctor or midwife can check the woman's immunity through a blood test. Even if she has previously been vaccinated against rubella she may not be immune. If she is pregnant and not immune, she should be advised during pregnancy to avoid contact with anyone who has rubella. She should also arrange immunisation soon after she has had her baby, and should subsequently avoid pregnancy for three months.

More information

Contact your state, territory or Australian health departments; or your state's Deafness Foundation.

Protection against Chickenpox

The Chickenpox virus can result in a mild infection that is common in childhood. 90% of pregnant women are immune and although contact with chickenpox is common during pregnancy, few women contract the infection during pregnancy. Only about three in 1000 pregnancies are complicated by this infection. If a woman has chickenpox during pregnancy for the first time, it can cause several serious illnesses. Chickenpox can also affect the baby. If a woman is thinking of becoming pregnant or is early in her pregnancy, her doctor or health worker can check her immunity via a blood test. She should talk to a doctor or health worker if she is not immune.

Parvovirus (slapped cheek syndrome)

Parvovirus is a virus that lives in red blood cells. Infection with parvovirus results in a common childhood condition called erythema infectiosum, also known as 'slapped cheek syndrome'. If a pregnant

woman is exposed to parvovirus, she should contact her doctor, midwife or hospital to find out whether she is immune.

Smoking and pregnancy

Smoking in pregnancy can result in a number of poor outcomes for a mother or baby including increased risk of miscarriage, premature birth, a small baby born at full-term (ie its "gestational age"), and bleeding. To reduce these risks, health care workers should try to assist the woman to stop smoking. If a woman is pregnant and also smoking, she should talk with a doctor/midwife about how to quit.

Alcohol and pregnancy

A woman trying to become pregnant or who is already pregnant, should be advised to be careful about alcohol consumption in pregnancy. Drinking alcohol during pregnancy can cause miscarriage, babies which are small for gestational age and intellectual impairment in children (known as "fetal alcohol syndrome"). It is recommended that a pregnant woman should limit her intake of alcohol (to one or two standard drinks once or twice a week maximum) but ideally stop drinking alcohol during pregnancy.

More information

Advice and support regarding alcohol consumption is available by contacting a drug or counselling service or Direct Line on 1800 136 385. Otherwise contact the Australian Drug Foundation information line (Tel: 1800 069 700).

Drug and medicine use

During the first three months of pregnancy, some drugs/medicines can interfere with the development of a baby's organs. Drugs and medicines include those medications prescribed by doctors, bought without a prescription from the chemist or supermarket (pain killers, cold and flu medicines, laxatives, vitamins and herbal preparations) or obtained illegally.

If a woman is prescribed a drug/medicine, or is thinking of taking a non-prescription medicine before becoming pregnant or anytime during pregnancy, she should ask her pharmacist or doctor whether it is safe for her and her baby. Specialist advice and support regarding recreational drug use in pregnancy is available by contacting drug and alcohol services.

More information

For information about specific medicines/drug use in pregnancy, contact a drug or counselling service or Direct Line on 1800 136 385. Otherwise contact the Australian Drug Foundation information line (Tel: 1800 069 700).

Complementary therapies and medicines

There is insufficient evidence to ensure the safety of such therapies and medicines in pregnancy. Supplementing a woman's diet should be done in consultation with a doctor or health worker. A mother should also talk with her doctor or health worker before using complementary therapies and medicines during pregnancy and breastfeeding. Many plants are toxic and have been known to interact with other conventional medications.

Diet and nutrition

It is essential that pregnant women have a healthy and nutritional diet. This will contribute to their health as well as the growth and development of their baby.

More information

For the information leaflet (Nutrition A–Z: Pregnancy), contact the Dieticians Association of Australia in any state.

For general information about healthy eating, see the Australian Government Department of Health and Ageing: *Australian Guide to Healthy Eating*.

Dental care

Dental care is important in pregnancy because pregnant women are more likely to develop:

· gingivitis, where gums are more prone to becoming red, swollen and bleed easily during pregnancy

· periodontal disease or bacterial infection of the gums, which has been shown to be associated with premature and low birth weight infants.

Pregnant women can help prevent or minimise these problems by:

· frequent oral hygiene including brushing and flossing after meals and before going to bed

· regular dental checkups prior to and during pregnancy to monitor the health of their teeth and gums.

They can also obtain advice from a dentist about caring for their new baby's teeth.

PRENATAL DEVELOPMENT

Brain development

Brain development is life-long, but the most significant period is actually during the prenatal (ie before birth) months. Significant neurobiological development and learning continue to occur after the early years.

Growth of the embryo

The development of a child is a continuous process from conception to maturity. Conception refers to the time an embryo is created through the process of fertilisation. Fertilisation is the fusing together of a male human's sperm (in his semen) with a female human's egg ("ovum").

The ovum (egg) is penetrated by a sperm cell in one of the woman's fallopian tubes. Only one sperm penetrates an ovum. After that a barrier forms around the ovum which prevents other sperm from entering. If the mother's ovary has released more than one ovum, there may be more than one foetus (eg twins) developing in the womb.

The brain starts to form soon after conception when a single cell divides to create what will become the two hemispheres (halves) of the brain – the "left" and "right" one. Over the next 35 to 40 weeks, the brain develops inside the womb ("uterus") at a rapid rate. Neurones ("brain cells") start out all being the same. They are not yet specialised in what they do, or where or when they will do it. They soon move and begin to develop functions that will define the major areas of the brain.

At 60 days after conception, the foetus is about 2.5cm long and 15g in weight. At 20 weeks after conception, the foetus is approximately 30cm long and 500g in weight. At 6 months, the foetus is approximately 37cm long and 800g in weight. At 9 months, the foetus is approximately 50cm long and 3,500g (ie 3.5kg) in weight. At birth, the newborn child's head is about 70% of an adult head size, and 25% of total body length.

The most rapid period of a human's growth is during the nine months of foetal development until the birth. Even before birth, babies are part of a social world. Hearing the sound of their mother's voice, and those around them, gives the unborn baby access to the social world into which they will emerge at birth. The mother's level of stress, her diet, and whether or not she smokes – all become part of the unborn baby's experience.

The foetus grows very rapidly during the last trimester ie the last three months of pregnancy. By around 36 weeks, the baby will usually have started to develop their own cycles of restful and active phases. The baby's movement can be felt clearly by members of the family when they place their hands on the Mother's abdomen. Even an event repeated for a few minutes just once or twice per day, such as hearing a regular program on television, can become an experience to which the unborn baby will respond as familiar.

Foetal movements

Foetal movements in the baby develop well before birth. Reflex movements in response to touch have been demonstrated in embryos born prematurely as early as six weeks after conception. At this age, if the area near the mouth is touched, the foetus may turn their head away. Later they will turn their head towards the stimulus. Using ultrasound techniques, the earliest recognisable movements can be seen at seven weeks into the pregnancy. By eight weeks, quick generalised movements involve the limbs, neck and trunk. Episodes of breathing begin at around 10 weeks.

The foetus can flex and extend their fingers by 10 weeks and the hand is seen to touch the face, sometimes resulting in thumb or finger sucking. The baby's spontaneous activity results in frequent changes of posture from around 10 weeks. The baby can even do somersaults within the uterus (womb)!!

At the time of birth, it has been said that the baby is "unfinished". The pattern of foetal growth in the latter part of pregnancy influences the pattern of growth after birth, and affects the well-being of the pre-term infant. The rate of intra-uterine growth of the foetus depends on the genetic potential of the foetus and on the immediate environment of the uterus. This is in turn dependent on the mother's ability to supply nutrients and oxygen via her blood circulation.

FOOD AND NUTRITION

Children require a healthy diet for normal day to day activity, for growth and development, and for health later in life. Nutrient and energy needs change markedly during infancy, childhood and adolescence. Some diseases may be influenced by childhood diet eg high blood pressure, obesity (being overweight) and some cancers.

"Nutrients" are food components required for optimal growth, development and body function. Proteins, fats and carbohydrates are the sources of energy and they are essential for a healthy diet. Vitamins, minerals and other elements are required in much smaller amounts.

Dietary guidelines for children and adolescents are as follows:

·   Encourage and support breastfeeding.

·   Children need appropriate food and physical activity to grow and develop normally. Growth should be checked regularly.

·   Enjoy a wide variety of nutritious (healthy) foods.

·   Eat plenty of breads and cereals, vegetables and nuts.

·   Low fat diets are NOT suitable for young children. For older children, a diet low in fat (and in particular low in saturated fat), is appropriate.

·   Encourage water as a drink.

·   Alcohol is NOT recommended for children.

·   Eat only moderate amount of sugars and foods containing added sugars.

·   Highly processed, packaged and snack foods are not nutritious.

·   Choose low salt foods.

In addition, guidelines recommend eating foods containing calcium and foods containing iron.

Most of the energy intake in children is used for growth and development. If children do not receive adequate nutrition, they do not grow. Social, family, environmental and cultural factors influence what people eat. Also, if children are unhappy, they may eat poorly or take comfort by eating too much food.

SNAICC recognises that in some communities the availability of fresh fruit, vegetables and other healthy foods is a major problem for families. Families will often include in their diet traditional foods which have the advantage of being nutritious but also this maintains important local practices and traditions.

Even mild to moderate nutritional deficiencies (malnutrition) may have bad effects on a child's growth, development, and/or health (eg iron deficiency anemia). Adverse effects result from general poor nutrition (both long- and short-term) as well as specific nutrient deficiencies for all ages, but particularly among the youngest and most vulnerable. Children who fail to thrive are seen much more frequently among children in low-income families, although a lack of appropriate nutrition is not always associated with low-income and can be due to a number of reasons.

The effects of nutrition on development, and the growth of the brain in particular, can begin before birth. Inadequate diet affects the brain's structure and its functions. Inadequate nutrition during the period of most rapid brain development results in reduced numbers of brain cells, and decreased head size. Inadequate nutrition before and during a woman's pregnancy puts a foetus at risk for retarded growth and low birth weight (defined as weight less than 2,500 g or 5 pounds 5 ounces). An infant's biological and emotional needs are met through feeding. Feeding interactions promote attachment and are central to the early relationship of the mother and infant.

Advantages of breastfeeding

The World Health Organisation recommends that up to the age of 6 months infants are only breast fed. Breastfeeding has many benefits for both the infant and the mother. Breast feeding exactly fits the infant's nutrition needs and contains many substances that protect against infections and growth factors. Human breast milk:

·   is cheaper than formula milk

·   protects against infections

·   assists with bonding between mother and baby

·   partially protects women against breast cancer, ovarian cancer and osteoporosis

·   enhances the baby's brain development, and

·   reduces risk or severity for a number of diseases.

Breast milk or an appropriate formula milk are recommended as a major source of milk during the first 12 months of life. Women who are having difficulties with breastfeeding should be encouraged to speak to a midwife or lactation consultant, and be provided with advice on an appropriate formula to give
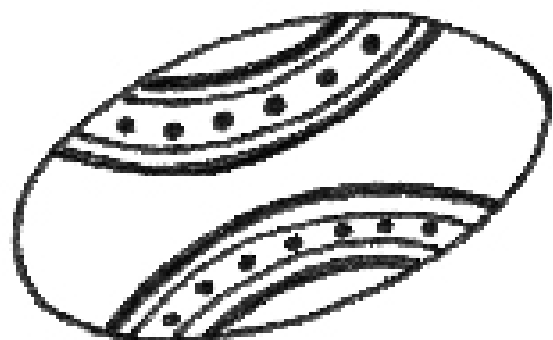
to their baby. Cow's milk is not recommended as the primary **milk** source during this time (**as it includes low iron content, lack of Vitamin C and essential fatty acids, and higher levels of protein, sodium and calcium compared with human milk or formula**). Breast milk can also be frozen and then thawed and used when the mother is away from her baby. It is appropriate to introduce cow's milk into the infant's diet during the second 6 months of life in the form of food such as custard, yoghurt and cheese.

General nutrition

Nutrition in early life is important for growth and development, and for health much later in life. Essential nutrients provided from food are the building blocks needed for growth and development, heath and enjoyment throughout life. Learning the skills of healthy eating is essential to ensure children are able to eat and enjoy the wide variety of foods needed for good health. Equally importantly, there is a close relationship between the skills needed in eating and other development. For example, encouraging children to chew by offering more textured food at the right time is essential to speech development and to dental development.

The following information describes nutrition and the development of good eating patterns for young children of different ages. It is important to remember that every child is different.

Food and nutrition – by 9 months

At around sex months, a baby is likely to be ready to accept and swallow solid foods. Good nutrition is needed to support this growth and provide energy for the extra activities now keeping a baby busy. Until nine months a baby's needs are largely met by breast milk or infant formula. These provide all the essential nutrients, and contribute most of the energy needed for growth and activity. By around seven – eight months the development of these skills shows that a child is ready to take food from a spoon and drink from a baby cup; and some children will be beginning to enjoy finger foods.

Healthy eating patterns

A whole range of nutrients is needed to ensure a baby's health, growth and development, and to ensure health in later life. When introducing solid foods, at approximately six months, start with smooth foods such as fortified baby cereals, soft smooth fruits such as pear, or with smooth mashed or pureed vegetables such as pumpkin. It is best to introduce one type of food at a time, over a period of several days. By doing this it is easier to identify any food intolerance or allergies.

First solids should be pureed or smooth but quickly increased to a mashed texture. By around seven – eight months, finger foods can be introduced to encourage self-feeding. As coordination develops the baby will learn to drink from a cup. The main milk source for a baby through to 12 months should be breast milk, or infant formula if the mother is no longer breast-feeding. From seven – eight months, cow's milk can be included in small amounts, such as on cereal and in custard. Cheese and yogurt can also be introduced at this time.

It is best not to add sugar and salt to food, as babies will like the food without them and it is healthier. Avoid hard foods such as raw carrot, celery sticks or raw apple. To make such foods safer, grate, slice finely or cook until soft. It is easy for choking to occur, so it is essential that young children are supervised while eating at all times. Parents and child care staff should be aware of the recommended procedures should choking occur.

Food and nutrition – by 18 months

As a child approaches 18 months of age, their rate of growth slows down a little and this influences their appetite. Appetite varies from day to day, and other activities may distract the child from eating. The amount they eat will vary daily, and this should not concern parents.

By 18 months toddlers can usually participate in family meals and will be able to feed themselves, with finger food often a favourite. They will be able to drink independently from a cup and will be getting better with a spoon. Always be around when a child is eating, as it is still easy for food to go "down the wrong way" and get stuck in the throat. After 18 months most children can drink well enough from a cup.

Healthy eating patterns

By 12 months toddlers should be eating a wide variety of foods: fruit, vegetables, full cream milk, cheese and yogurt, meat, fish, eggs and legumes, breads and cereals. A nutrient especially important in this age group is iron, which is required for the production of red blood cells that carry oxygen round the body. Iron is the nutrient most likely to be lacking in this age group. Iron deficiency is more likely to occur in children who do not have a well balanced diet of fluids and solids. Meat is an excellent way to provide iron, and other sources include breads and cereals, green vegetables, legumes (for example, baked beans) and eggs. The body does not absorb the iron as easily from these other food sources, but this can be made more effective by eating fruits or vegetables rich in vitamin C at the same meal.

Toddlers also need lots of calcium for basic tissue growth and especially for good strong bones and

teeth. Good bone growth and development is important at this stage and may help to prevent osteoporosis later on. The best source of calcium is dairy foods – full cream milk, cheese and yogurt. Dairy foods also provide a wide range of other essential nutrients for a child's growth such as protein, vitamins A, B2, D, B12, potassium and magnesium. Some kinds of fish and green, leafy vegetables also provide some calcium. Growing children need energy from their food, and reduced fat foods or strict low-fat diets are not suggested in this age group.

Between nine and 18 months, toddlers have the eating skills to manage new food and to feed themselves. Offer and encourage acceptance of new foods, including those that need chewing. By around 18 months, foods may be refused the first few times they are offered, but keep offering them without pressure or insistence. A child's appetite may vary from day to day. Their stomach's capacity is small, so snacks are an important part of a toddler's diet. Offer healthy snacks using a variety of foods such as fruit, cheese, yogurt, or bread. Do not force a child to eat. If a child is offered regular meals and snacks, missing an occasional meal is not important.

After about one year a child does not need more than 600 ml of milk a day. This will supply the necessary calcium for growth and ensure that they will still manage to eat other foods. Toddlers should be encouraged to drink water at other times. Encourage toddlers to sit down to eat to prevent any falls or accidents.

Food and nutrition — by 3½ years

A child's rate of growth will have slowed down by about three years, but they are very active. It is still important to provide a variety of foods for the necessary nutrients for normal growth and energy needs. A three year old child may refuse some foods simply to show their independence.

Healthy eating patterns and nutrition

Children also need lots of calcium for basic tissue growth and especially for good strong bones and teeth. Good bone growth and development is important at this stage. The best source of calcium is dairy foods – full cream milk, cheese and yogurt. Dairy foods also provide a wide range of other essential nutrients including potassium and magnesium. Some kinds of fish and green, leafy vegetables also provide some calcium.

Keep milk intake at around 600 ml and limit sweet drinks. Children may look for high fat and high sugar foods if they are familiar with them. Discourage arguments by limiting the availability of these foods. Let children become involved in basic food preparation. This encourages them to learn about foods and be more adventurous.

Food and nutrition – by 5 years

A child's growth by five years is slow and steady. They continue to need a variety of foods to supply the necessary nutrients for normal growth and energy needs.

Healthy eating patterns and nutrition

Continue to offer a broad variety of healthy foods. Try to emphasise basic foods for meals and snacks, rather than high fat, high sugar snack foods. Antioxidants, the "new" nutrients that protect health in adult life, will be plentiful if a range of fruits and vegetables is included. Many children do not have the suggested three serves of calcium-rich foods. Calcium is needed for basic tissue health, and especially for development and maintenance of bones and teeth. Adequate amounts of calcium throughout childhood will mean bones are as rich in calcium as possible. Growing children need some fats in their diet, so reduced fat dairy products or strict low fat diets are not recommended.

Childhood obesity

Childhood obesity is increasing dramatically in Australia. It is an easier problem to prevent than treat. General guidelines for an obese child would also apply to the rest of the family:

- Avoid foods high in fat eg fried foods, crisps and similar snacks.

- Reduce the use of butter and margarine.

- Avoid cheese in plastic slices.

- Increase wholegrain flours such as wholemeal breads, and avoid white, highly processed flours.

- Avoid foods high in sugar eg sweets, preserves and sweetened drinks.

- Eat only at meal times or regulate the total food intake and reduce processed food snacks.

- Increase the intake of fruit and vegetables.

- Use skimmed or semi-skimmed milk in place of full cream milk. Limit: 300 to 500 ml daily.

- Remove fat from meats and use more lower fat meats, poultry and fish.

- Avoid severe calorie restriction and rapid weight loss.

GROWTH AND DEVELOPMENT

Western knowledge of child development has classified children's development into six areas. This is reflected in the literature, academic text books and many published reports about child development.

The classic "streams" of children's development are:

· physical development

· social and emotional development

· cognitive development

· food and nutrition

· language development and

· the senses.

Research on human development has tended to focus on determining when children are capable of certain skills without examining the cultural and learning processes that shape their development.

Children's growth and development usually proceed in ways that are predictable. However, differences in child-rearing practices reflect the diverse range of what is considered developmentally appropriate for children in different cultures.

All children grow as members of cultural communities, so how childhood is supported and seen in any community is part of understanding child development. The notion of familiar developmental "milestones", such as the ability to walk and read by certain ages, may reflect one community or culture, but not always other communities.

The development of infants and young children is greatly dependent on their environment. In the early years it is the parents and family, most often the mother, who shape the infant's environment. Research in recent years has again emphasised the great importance of the family and caring environment on the developing brain. The sort of environment that a young child experiences has a major impact on their later life.

Healthy child development requires a secure attachment to trusted caregivers, usually the mother, with consistent affection and caring from adults in the first few years. The child's and subsequently an adult's emotional health are significantly influenced by these early relationships between the young child and their family.

Risk and protective factors

There are factors that protect children and help make them resilient and strong. There are also factors that place children's development at increased risk.

Protective factors can include:

· Good health

· Ability to form positive relationships

· Supportive communities

· Care and protection from violence.

Other factors that help to protect children's development are aspects of their family, home and community environments. The more protective factors there are in a child's life, the more likely it is that this child will develop well.

Risk factors can include:

· Poor health

· Poverty and a lack of income or resources to provide what a child needs

· Family conflict

· Low birth weight.

The more risk factors children are exposed to, the more likely it is that their development will suffer.

Risk and protective factors exist within the individual, within all families and within the wider community. Some risk factors, such as poverty or poor housing, may be beyond the control of the individual family and community.

Appropriate caring from parents and other family members provides some of the most important protective factors in promoting good child development. Recent research suggests that this caring environment actually influences the structure of the brain, with the development of nerve pathways determined mostly by a child's environment.

Developmental stages and transitions

In the course of a child's development there are certain times which can be seen as particularly important. Each change (or transition) is associated with predictable developmental events and behaviours, stresses and potential problems. Each change allows the child and the family to move to the next level of development. Problems met during these change times may result in the child progressing down pathways that lead to later problems.

1. BIRTH

The goal is to produce a healthy, full-term infant, together with a healthy mother who can cope with the inevitable stresses and change in lifestyle that comes with a newborn baby.

Protective factors: Regular antenatal care enables early detection and intervention for many birth complications. Early mother–baby contact facilitates breast feeding and sets the stage for a positive mother–infant relationship. Parents and families begin to understand a baby's visual, motor and verbal

cues (or messages) and respond appropriately. Establishing appropriate feeding patterns, preferably breast feeding with its many advantages.

Risk factors: Include a mother's physical and mental illness, experiencing post natal depression, smoking, alcohol consumption during pregnancy and adolescent pregnancy. Infant risk factors include birth trauma and prematurity.

2. EARLY INFANCY (first six months)

All parents and families need to learn how to manage the following inevitable issues:

Crying – All infants cry and this is a normal part of development. However some infants are difficult to console and the crying causes major stress for their parents and families.

Feeding – Most mothers want to breast feed their infant but not all find it easy. Problems with incorrect attachment to the breast are common and may lead to difficult and painful breastfeeding and ultimately early weaning.

Sleeping – Different cultures approach where and when a baby sleeps in different ways. Some cultures prefer children to sleep when the child needs to throughout the day and with the mother or other family members. Western cultures put more emphasis on sleep at night with children often sleeping in a separate bed or cot. There is no right or wrong way.

Common parental complaints may include difficulties settling their infant and too frequent night waking. Patterns of sleeping and feeding will vary from one family to another and one culture to another. If parents have ongoing problems associated with crying, feeding and sleeping this can affect the attachment between the infant and their caregiver(s).

Protective factors: Providing support and appropriate information so that parents and families have realistic expectations and adequate coping strategies is important. Parenting needs to be consistent and caring. Parents and careres may need reassurance that their infant is healthy and does not have any underlying medical condition.

Risk factors: Include postnatal depression, parental or family conflict, inappropriate maternal expectations, and stress and fatigue. Infant risk factors include difficult temperament, excessive crying and irritability, sleep problems, and difficulty feeding.

3. LATE INFANCY (six to twelve months)

This is a time of rapidly emerging cognitive, developmental and social competencies in the infant. The child is interested in the environment, and will very often initiate interaction with caregivers. The infant also may begin to become distressed when a parent or other person is out of sight. During this time food issues become increasingly important. Breastfeeding is recommended to go past six months, with introduction of some solids.

Protective factors: Continued support for parents andaccurate information about developmental and other needs of their rapidly developing infant. Parents should realise that much of their infant's behaviour is exploratory and not deliberately naughty. Sleep problems can usually be managed. Good eating habits can be established.

Risk factors: Include maternal and family stress, inappropriate responses to increasing infant needs for social interaction; difficulty changing in feeding; sleep difficulties; irritability.

4. TODDLER PERIOD (one to three years)

This is a major transition time, as the child moves from an infant who is still almost totally dependent towards an active, curious toddler with an increasing developmental competencies including language. One of the normal developmental tasks in this age group is to develop autonomy (doing it themselves), and this often challenges parents. Temper tantrums are common when the child is frustrated, or restrictions are placed on their autonomy with parents saying "no". Sleep problems and problems around mealtime are also very common in children with a difficult temperament and are made worse by inconsistent parenting.

Most children will begin, and some will complete, toilet training during this time period. Signs of developmental delay, including language problems, also become evident during this time period.

Protective factors: Parents need to know what is normal and how to manage common problems eg when a child has a temper tantrum. Most tantrum behaviour will initially escalate then decline with this approach. For more aggressive behaviour, 'time out' may be used. This involves placing a child in a quiet room or away from the group or situation where the behaviour occurred for a maximum of one minute per year of age whenever the undesired behaviour occurs. This is effective in children over 18 months of age and its use should be limited initially to only the two or three most problematic behaviours.

Risk factors: Includes difficult temperament, difficult behaviours (tantrums, overactivity, eating and sleeping problems, difficulty with socialisation) and developmental delay. Family factors include inconsistent parenting and inappropriate responses, poor social support and family stress.

5. THE PRESCHOOL PERIOD (three to five years)

During this period there continues to be a rapid explosion in language, cognitive ability and social skills. While the young child may have been left

in childcare, the child now begins to participate in more structured learning. This is an enriching experience in which the child's natural curiosity is stimulated by input from trained preschool teachers, and by exposure to other children of the same age. Language continues to develop rapidly, as does the child's cognitive ability.

At the end of this period the child makes the very important and symbolic transition to school, so issues of school readiness become apparent. To undertake a successful transition to school, children need to master a range of motor, cognitive and social skills. Ideally, children need to be toilet trained, use a pencil, focus and maintain attention on a task, to have sufficient language skills, to understand instructions and to make their needs understood, to have the social skills that enables them to interact with peers and with adults, and to have the developmental competencies to function in a much more structured learning environment.

Rate of maturation during the preschool period may be uneven. The child who appears "immature" at the age of four, for example, may mature rapidly over the following six months.

Protective factors: Parents of preschool children often seek professional help for concerns about language or developmental delay, behaviour problems, delayed toilet training, or questions about school readiness. Assessment at this age needs to be cautious because of variability in maturation rates. Providing parents with information about realistic expectations in this age group, and teaching them basic skills in behaviour modification, is often very helpful. Many problems are minor and often transient, and simple short-term interventions are often effective. However, in some children there are emerging signs of more serious problems, including developmental delay, communication problems, attention difficulties and more serious behaviour problems. These children may require vision and hearing testing, a speech assessment, or other assessments.

Risk factors: In children include language or other developmental delay, poor social skills, difficulty focusing attention, separation difficulties from parents, and behaviour problems (especially aggression). Family risk factors include low maternal educational levels, bilingual background, poverty and being a single parent.

A decision to send a child to school should be made by the parents with input from those involved with the child, especially the preschool and primary teachers.

6. THE SCHOOL YEARS (over five years)

School is an important experience for all children. Children who have difficulties at school because of learning problems, attention or behaviour problems, or social difficulties, may experience their impact beyond school. The child's experience at school can be either a protective or a risk factor for adjustment in childhood and for functioning later in life. Children who struggle academically or socially may be at major risk in adolescence and later life for poor outcomes eg delinquency, unemployment and depression.

The early years of school are particularly important. Children who have difficulty reading from the outset, and who are not established readers by the end of grade 2, may continue to have problems throughout their school career.

Protective factors: Include identifying school learning and behavioural difficulties as soon as possible so that appropriate interventions can be put in place. The longer this is delayed, the greater the chance of a poor outcome. Assessment should involve close evaluation of biological, developmental, behavioural and environmental factors that may be contributing to problems. Hearing and vision should be assessed prior to the child commencing their schooling. Often in this age group a multi-disciplinary evaluation, which includes a special educational assessment, is the most appropriate. Where possible, a child should be referred to an educational psychologist for formal cognitive testing including tests of intelligence. A detailed and comprehensive assessment will often point to the need for specific developmental and educational interventions that address the individual needs of the child. These may include remedial classes at school and/or tutoring outside school.

Risk factors: Include chronic health problems, vision and hearing deficits, problems with concentration, and subtle developmental weaknesses in the areas of motor function, visuo-motor integration, problems remembering the order of information, and language. Risk factors in the family include low parental education, low expectations of school achievement, parenting difficulties and family dysfunction. Other risk factors include a poor match between the child's temperament and preferred style of learning and classroom placement, or teacher expectations and teaching style.

Social and emotional development

Social and emotional development covers a wide range of feelings and skills people use to understand and mix with others. Emotional and social skills are linked as are other aspects of children's development. Beginning in infancy, socialisation is the process of teaching and introducing children to the values, rules, and expectations of their family and culture so they can become good citizens. This process differs widely across cultures and over the generations.

Emotional development

Healthy emotions enable people to express and manage the full range of human feelings. They do this by finding constructive outlets for their negative emotions (or "bad feelings"), and to understand and appreciate how others feel. Emotional development begins right from birth as infants learn to trust and enjoy their parents and others who care for them. As toddlers acquire a sense of self and new language skills, they begin to relate feelings to their unique self, and to label their feelings. They also begin to learn how their emotions are connected with their actions, as well as the actions of others.

From the first few days of life, a baby closely watches a parent's face. The baby is already able to identify and respond to positive and negative facial expressions as well as subtle differences in the parent's voice. This keen connectedness helps form the earliest kind of love. The child learns to identify and respond to the cues or messages of others, showing clearly that they care about others and their feelings.

In the first year, infants come to feel and express a wide range of emotions. These coincide with changes inside themselves (ie internal cues) that help them know what to approach and what to avoid, which people and events make them feel good and which do not, how to show their delight and make others happy, as well as how to get help to relieve distress that is beyond their ability to fix.

Social development

Social development covers the broad range of skills people use to relate to, play with, learn from, and teach others. Judgments of others about us are based largely on our social skills, including how well we express ideas and concern for others, and our ways to solve or prevent problems. These skills are vital to a child's success in school and in friendships. An infant's social skills develop right from birth and they influence what people do. Beginning with an infant's emerging sense of "self", social skills grow to include trusting others, gaining self-confidence, having a good self-image, playing happily with others, sharing, getting help from parents, and respecting the rights and needs of others.

School-age children who have good social skills are able to get more help from their teachers, make good judgments in choosing friends, and succeed in pursuing their interests and developing their talents. Adults with strong social histories and skills are better able to love and trust others, to build and enjoy lasting friendships, to work effectively, and to be caring and responsive parents – all key to personal fulfillment.

Clearly, social and emotional health affects a child's development and an adult's life. Research shows how soon and fast many of these essential skills begin to emerge. Parents can best help their baby develop these skills by being responsive, tuned in to their child's cues, and genuinely happy and interested in life themselves. The goal is to help a child make sense of a complex social world and have the skills to join in successfully.

The links between learning, social skills and emotions

An infant's ability to think and understand is closely tied to their emotional development. Her social skills also reflect a combination of mental operations, motor control, feelings, and what others around her do. All of these dimensions of development show an orderly progression. They fluctuate from day to day, hour to hour, due to an infant's state of alertness and comfort, just as they do for adults.

When babies are alert and feeling good, they are more likely to observe, explore, play, show sustained attention, experiment with people and objects, and learn and remember new things.

Negative emotions, on the other hand, alert others to a baby's needs. When responded to quickly and effectively, these negative emotions can be kept to a minimum and serve as constructive forms of communication. Sadly, some babies learn through repeated experience that they cannot count on others to notice them or help them reduce their distress. Chronic neglect of a young infant can limit an infant's opportunities to learn and to love. However learning can bring out positive emotions and complex social behaviour. When infants are exploring, discovering, and learning, they are feeling lots of positive emotions.

Emotions and their role

Emotions seem to appear in all cultures, although in widely varying levels. It is possible to tell a lot about what a baby is feeling by their changes in facial expression, posture, movements and sounds. How well we signal what we are feeling, and how well we "read" and respond to each others' cues, are central to both emotional and social development. We adjust our behaviour to acknowledge what is occurring and to establish and maintain good relationships.

The progress of emotional growth

The emotions of infants are thought to be fairly basic. Two big types of emotions dominate: positive versus negative. Over the first 18 months, an infant undergoes rapid and major changes involving all aspects of emotional growth. In just this short period, a normal infant will become an individual capable of showing ways to display feelings, and will become much more aware of other people's feelings as well.

Babies start out with very easy-to-read types of emotions such as distress or pain. Over time, these become more subtle and complex, and respond to what is occurring. By three to four months, sadness emerges. Next comes fear, which becomes more apparent in about six- to nine-month-olds. Positive emotions at first are mostly interest or pleasure eg a social smile, showing joy, surprise, and interest. The "stranger anxiety" that many infants show between about six to eight months is an example of a negative emotion. When children are able to make greater distinctions between people, they often become distressed when strangers approach.

The parents "tell" their infant how to behave by their own gestures and words, including introducing the new person.

Babies in the first few weeks of life smile almost automatically when an adult smiles. "Proper" smiles come later. Toward the middle of the second year, a child shows understanding, sensitivity, and caring toward the plight of another. For example, they will show unhappiness if someone else is hurt or upset. Just after eighteen months, when a child better understands "self" they develop new awareness of others. They will begin to label others' emotions, feel something like these emotions inside , and then show that they care. Children also can show empathy with words and acts of kindness or support.

The emotional environment

Babies are much more tuned into the emotional well-being of their parents and family than we used to think. What a parent feels can, and does, affect an infant. Recent research suggests young children are aware of, and affected by, parental or family conflict, depression, and anxiety. Too much negative emotion by people in an infant's environment is harmful. Such disruptions are distressing because young children need continuity and predictability.

It is a good idea to protect children from their parents' ups and downs and family stress, at least during the first few years of life. Children of this age are unable to understand mood and behavioral shifts that are disturbing to them.

Shaping healthy emotional growth

Throughout the first 18 months, a baby should have ample opportunity to feel joyful. Play, games, songs and conversations are the basis for the growing expression of positive emotions. Comforting a crying baby quickly provides relief and strengthens the parent-child attachment.

Parents who can understand their own babies' cues will have children who are more social and more empathic.

Social development and its role

Relating to others begins with early bonding with parents, not just in the first few minutes or hours, but over the entire first year. The importance of this bond has been established beyond a doubt by extensive research. When the attachment between mothers and babies can be described as secure and supportive, the babies fare better in almost all areas of development.

Parent-infant interactions are the raw material of bonding. These shape and strengthen or weaken the primary attachment relationships. From these interactions, infants learn about their inner feelings and about how their feelings relate to things that happen in the outside world.

Babies who do not establish any close bonds with their parents may have long-term difficulties in social and emotional development. These children do not learn that adults are trustworthy and responsive, because they haven't experienced such trust and responsiveness. Fortunately, such extreme cases are rare and often a product of poor institutional care or child removal.

There is wide variation in the early relationships infants build, based mainly on how they are cared for. We now know that the actual quality of the early parent-infant attachment affects what happens later between children and their parents. These bonds also influence many other aspects of young infants' development, from language and cognition to emotional expressiveness and behavioral adjustment.

Compared to children in anxious relationships or neglectful or abusive situations, children with secure, responsive, stable early relationships are more likely to show better social skills, fewer behavioral problems, more positive peer relationships, and better adjustment to school.

The progress of social development

As with emotional skills, social abilities develop right from birth. Aspects of social development are captured in the imitations and responses that occur back and forth between an infant and others. These form the basis for the ability later to build friendships, to share, to be kind and fair, and also to be willing to learn through watching and listening to others.

From the early hours of life, babies associate pleasure and discomfort with what is happening outside. Smiling and laughing within the first two to four months start the sequence. A baby has a strong preference for the human face as something to gaze upon, and this contributes to early social success, and feelings of mutual love and attachment.

In the second year, the child can begin to teach winning social behaviors – saying "please" and "thank

you," hugging and kissing, and sharing.

It is through expanding interactions that their early, positive behaviors will be reinforced and strengthened. Babies who have more social responsive experiences are healthier and happier. Nurturing social development happens through play, talking, being affectionate and paying attention to the baby in ways that make the infant and parents feel good.

LANGUAGE DEVELOPMENT

Like other types of child development, the infant's acquisition of language follows a predictable sequence. Infants can acquire language only through interaction with responsive adults or older children. Language development will depend on how much adults speak with their children. This may differ among cultural groups and their informal "rules" about the status of children and how loud or obvious they can be. For instance, some cultures only tolerate children if they are "seen but not heard". This will have an effect on the age at which their children's key development milestones such as speech are reached. The ages mentioned below are only rough estimates.

Television and radio have almost no effect on language learning in infants.

From birth to 6 months

The infant demonstrates their ability to communicate and to respond to others almost as soon as they are born. In the first few days of life, their mother's voice is effective in soothing a crying baby and they learn to recognize her voice. The young infant is able to communicate feelings to their mother with a wide variety of actions, such as smiling, stiffening, frowning, seeking eye contact, turning away and joyful welcoming movements. The cry is also a powerful means of communication and mothers soon learn to recognize their own baby's different cries eg distress, hunger or wanting attention. Vocalisations begin at around one month, some earlier. The infant coos and gurgles, and can produce individual sounds like "oo" or "agh".

At one month the infant is able to make fine discrimination between speech sounds, and this ability develops greatly during the first six months. Typically, vocalisation begins about two weeks after smiling, developing as a form of social interaction. The baby soon uses emotionally charged sounds to express their feelings. By three months the baby has pre-linguistic "conversations" with their mother. When the mother speaks to them, they reply with their own vocalization. By about four to six months, lip and tongue consonants are being produced as "babbling" eg "da", "ba" and "mum".

6 to 18 months

Over the next few months, sounds increase in range and complexity, and are used for social interaction and spontaneously for the baby's amusement. The pattern of early babble is similar across different languages. Between about 10 and 15 months of age, infants speak their first real words. Receptive language comes before expressive ability during the toddler years. **Receptive** language describes the child's ability to understand what is said to them. The **expressive** side of language involves being able to produce words with meaning. When asked to do so, children can point to pictures of objects before they can name them.

From 18 months onward

From about 18 months, the great development most obvious to the child's family is their ability to speak. Most children are beginning to speak but some will not be clear to people outside the family. Generally receptive and expressive language develop alongside each other, but it is common to find children whose expressive language is somewhat behind receptive language.

During the second and third years, a child's expressive vocabulary expands dramatically. Infants have acquired an average of 10 words by age 18 months and about 1000 words by age three years. At the same time, children begin to construct two-word sentences eg "more cake" or "daddy go". By conversing with children and expanding their statements ("daddy going out"), caretakers help children to become generally competent speakers by the age of five years. It is not uncommon around the ages of three and four for a mild degree of stuttering.

EARLY LITERACY

In the past, literacy used to mean just reading and writing. However, now when people speak of literacy, they often include listening, talking, reading, writing, viewing and thinking. The process of developing literacy starts at birth and is a gradual one. Children become literate as they take part in everyday experiences at home and in the community. Sharing books with children can stimulate their interest as early as six months of age, and book sharing also enhances parent-child relationships. A child develops literacy through talking and sharing information with people who are important in their life. Research shows that the first five years of life are particularly important for literacy development.

How to promote early literacy?

Service providers working with families can help by promoting the importance of parent-child

communication, providing appropriate information, and modeling communicative behaviours.

Service providers should encourage parents to:

- talk and read to their child every day. Watch, respond to and talk about what the child is interested in, looking at, or playing with. Reward a child's attempts at communication. Encourage children to tell stories. Have books and writing materials to be explored. Literacy is part of many activities such as dramatic play (eg acting out stories), construction (eg road signs), and interest centres (eg a shop or hospital).

- talk to children about what they themselves are doing as they read a chart, walk to a shop, write a list, cook a meal, wave to people, collect food, dance etc.

Many activities do not involve literacy directly but they help develop knowledge and skills needed for literacy. Children learn to express their ideas in different forms such as drawing, painting and modeling with clay. Children become aware of sounds through songs, rhymes and finger plays.

Is there benefit in teaching children letters and writing before they start school?

Most children become interested in letters and writing somewhere between the ages of about four and seven. There does not seem to be any benefit in pushing children to learn about letters before they are ready. They may feel inadequate and learn to avoid literacy activities if these are stressful experiences. Children need opportunities to explore written language and talk about it with adults. If as part of this exploration, children show interest in learning letter names (eg letters in their own name) or in writing, respond to these interests, but this should not be pushed.

How can service providers assist parents to support their child's literacy?

- **Talking to children** – Parents should be encouraged to talk to their child about their day to day activities and about what the parent is doing. For example, a parent might say "*Let's see, what do we need to do today? If we go shopping I had better write a shopping list. Where is the pencil*?" Parents can re-phrase something the child has said or add slightly eg

Child: "Daddy car."
Mother: "Is it Daddy's car?" or
  "Daddy's driving the car."

- **Reading to children** – Parents should be introduced to a wide range of books – story books,

information books, counting books, fairy tales and songbooks. Parents should read print around their house and community, or take their child to a local library if there is one. They may be able to borrow books. Encourage parents to give their child reading experiences at least daily and preferably much more often. These experiences could include storybooks, magazines, labels on food packages, shop signs and numbers. Explain to parents that when they are reading to children, they should make the experience an interactive one. They should relate what they read to what children know in their everyday lives. Parents should talk about the pictures or the writing eg what might happen next, how the characters feel, or what else they could have done in a particular situation.

- **Watching television** – Parents should choose programs that are appropriate for their child eg level of language, using words to describe an action or picture, talking with their child about a program during and after it has finished. If it is a video, a parent might stop it sometimes to talk more with the child about what they have both just seen.

- **Playing with children** – Parents should use songs, rhymes and finger plays with their child; give their children opportunities to scribble write; and let children know that they will learn to read and write gradually over time.

What if parents speak a language other than English?

- If parents want their child to keep their home language, encourage them to use it as much as possible – at home and in the community.

- Staff in children's services can help children to feel comfortable about speaking two (or more) languages. They may be able to include a parent's home language as part of their child's everyday experiences at the centre. Staff may be able to use familiar words, greetings or songs which will greatly enhance bilingual skills.

Why is language delay important?

Language development can have a major impact on a child's well-being. Many children who are slow to develop basic language skills will experience language, literacy and academic difficulties throughout their childhood. Language delay is also associated with emotional/behavioural problems (including Attention Deficit Hyperactivity Disorder – ADHD) and social adjustment problems such as social withdrawal, loneliness and anxiety. These impacts can last into adulthood. Reducing language impairment can have huge benefits for young children.

COGNITIVE DEVELOPMENT/ INTELLIGENCE

Cognitive development, or the development of "intelligence" or "learning", is not easy to define. What is generally meant by these terms is a person's ability to solve problems, think clearly and deal with situations in a competent way.

A child's cognitive skills develop from about six months. By about 10 months, the child has developed the pincer grip (thumb and first finger) of an adult, and they can now pick up small objects to explore by using this fine motor skill. Objects which make noises are also interesting for this age. The young child's early interest in shapes and textures is followed by exploring the properties of objects, such as whether they float or not in water. Exploring things of different shapes lets them carry out simple matching tasks during the second year of life. Some time after aged one, if given some simple "toys" (eg small sticks or cooking utensils), they can pick up an object with a hole in it and put it onto a stick or rod. They will bang and rattle objects. Repeating these actions is a feature of this stage of a child's development and is important to the child.

A child will also use objects in developing relationships with other children. By about six months to a year, a favourite game is to throw an object and then wait for an adult to pick it up and give it back. They then want to use objects given to them. By about 15 months they may actually place one block upon another. Soon the child's play begins to show that they know what the objects are, and they can develop more complicated "play" eg pretending to drive a car. Initially, games or play times are quite short, but they soon become longer. However, their attention span (or ability to concentrate) is short compared with an adult's.

Not all learning is imitation or copying, but these actions clearly play a major part in the child's development of all sorts of skills. A very young child wants to copy those around them. At an early age a baby's most skilled "tool" is their tongue. A six-week-old baby is able to poke out their tongue, imitating their mother or other adult if they see this done to them. They will also imitate some sounds around them such as "ah" or "oo". Soon after six months, they become more stable when sitting and have good control of their hands. This makes them able to carry out imitation games more easily. This is about the age at which the child enjoys repetitive games. They may wave "bye bye" when asked to, and they clap hands copying other people. When their mother has stopped doing something, they may suddenly start doing the same action. This seems to show that they think about what was done, and then try to see whether they can do what she did.

The word "play" is used to describe lots of young children's activities, for example a baby lying on their back and playing with their toes. "**Play**" is often seen as lacking any particular function or purpose, but play is really "work" for the child. At about four to five months, the child explores objects or "toys" with both hands and mouth. By watching children play, we can learn about their development. The child can clearly acquire all sorts of skills while playing, from the ability to use a screwdriver to the ability to mix socially with other people.

Some time around 15 months, symbolic play begins, using models of real activities or objects – driving little cars, feeding dolls "food", pretending to cook etc. This type of play involves motor skills initially, but later language skills are also involved. Play becomes more and more elaborate as the child gets older.

These types of play with toys go alongside other types of play, some involving equipment and some not. Playing with dirt or sand can involve the child beginning to make shapes, often related to the real world. After the age of about two years, involvement of other people in play is a significant change.

Many two-year-olds will not play together, but they will play side by side. The two-year-old will often play with brothers or sisters, but not with others unknown to them. Games that involve copying the adult world are very common at this age.

Over the age of two, "paper and pencil" play will develop if given to a child. To begin with they will just scribble but by about three years they may begin to copy. In watching play, one sees the child use many gross and fine motor skills, and other developmental skills.

Preschool, playgroups or childcare programs can assist children to concentrate and develop a wider range of skills – physical, social emotional and cognitive. A child's ability to learn and solve problems develops a great deal so that by the age of about five or six they may be ready for school. This involves not only the ability to learn, but also the ability to concentrate and to be happy socialising for periods of the day without the support of their parents or close family. Some children will need more time to be ready for school.

Infants are aware of their environments and they begin to change their behavior in response to what is happening around them. Infants can take in (or assimilate) information and use it to revise existing mental structures in the brain. This is learning. For example, a toy that is too familiar no longer engages the toddler so it is no longer used. Conversely, a pencil given to a nine-month-old child does not hold the infant's interest. Cognitive development requires opportunities for exploration and manipulation that are neither too easy nor too hard.

"Out of sight, out of mind" describes the infant's world during the first stage of development. Gradually, the

child can keep images in their mind of objects and people not there. For example, a baby will continue to look at a person's empty hand after an object has been taken away. Between about four and eight months of age, a baby can see someone hide an object but they will not search for it. Between about nine and 12 months of age, infants can find an object that they have seen hidden. By about two years, people and things then exist for the child as permanent - whether or not they are actually present or in view.

An infant learns how to create satisfying body sensations by activities such as thumb sucking. Another example of "cause and effect" is a 2-year-old child who accidentally discovers that they must wind up a toy to make it move.

PLAY

Play is a window through which we come to understand the child from both inside and outside. At about five to six months of age, an infant can reliably reach and grasp attractive objects. By about nine months, a baby manipulates an object to inspect it with eyes and hands, demonstrating the cognitive ability to process more than one piece of information at the same time.

By the first birthday, a baby demonstrates understanding of the function of objects eg a toy car is pushed on its wheels. **Symbolic** play, which reflects a stable concept of objects, appears next. At first, such symbolic play centres on the child's own body as they "drink" from a toy cup. Soon the child's thoughts and play become less focused on themselves, such as offering a drink to a doll. When the child becomes easy in the use of symbols, truly imaginative play begins. In such play, the child uses one object to represent another (eg putting bits of paper on a plate to symbolise food).

Each cognitive change alters the infant's social behaviour. Although babies as young as two to three months can recognise their parents, they have no recall memory (or no symbolic representation) of them (i.e. the parents do not exist then). The 10-month-old child should know that the parents still exist when they are not there. Not until the child attains **object permanence** (at about 15 to 18 months) can this cognitive capacity emerge. When the child can infer their parents' whereabouts in their absence, protest at separation should decrease.

THE SENSES

VISION

Sensory abilities in the infant mature quickly during the first year of life. The senses are the main ways that babies discover and learn until the motor skills develop.

0 to 6 months

An infant's vision is fuzzy at birth, but they are equipped with enough vision for their own needs. During the first month of life, the baby can see objects best at about 20 to 30 cm away, enabling the baby to observe their mother's face when she is feeding them. The newborn's vision is quite narrow. Infants ignore objects that are either too close or too far away. The two eyes do not necessarily point in the same direction but by about four to six months they should converge. This means that the baby's eyes will both focus on a particular object, allowing them to see the world in three dimensions. The baby then discovers their hands and other close objects. Babies prefer to watch a human face than other sights, and they seem to prefer bright colours. By the age of about six months, visual sharpness and fine motor coordination enable the baby to reach for small objects like threads and crumbs. Healthy infants usually turn toward voices and follow faces with their eyes. Infants prefer to look at patterns rather than plain things.

6 to 18 months

Between six months and one year of age, the infant achieves **visual acuity** and a field of vision that is functionally similar to an adult's. However measured acuity does not approach adult values until the preschool years. The child is perhaps more concerned with interesting objects and the face remains the most interesting. They will follow movement of the adult face, both close and at a distance. The child should have achieved binocular vision by this age and one should see both eyes moving together as they study objects of interest to the child. One can also observe convergence ("coming together") as an object is brought closer to the child.

From 18 months onward

The child's visual acuity is nearly at an adult's level at about 18 months, but testing is difficult until about the age of two and a half years. At this age the child develops the ability to match shapes, which precedes their ability to recognize letters.

HEARING

0 to 6 months

The auditory system is better developed than the visual system at birth. The newborn baby responds to sound throughout the whole range that the human ear can detect. However the baby prefers voice sounds to others. They hear better those sounds that are somewhat higher in pitch, and parents tend to use a higher pitch when speaking to infants. Before the age of one week, the infant can recognize their mother's voice, moving their eyes more towards their mother's voice than a stranger's. The baby startles, blinks and cries to loud sounds, and quietens to their mother's voice.

6 to 18 months

Localisation of noises made immediately above the head continues to be quite difficult for the child even up to the age of five years. Although the child can localize sounds well at a distance, the baby's auditory world is close to them. They notice people speaking to them who are within about 1.5 to two metres, but seem to ignore sounds made far away from them.

Hearing can be tested using a relatively loud voice, rattle or bell as the stimulus. The child may quieten, blink, startle or cry when they hear the sound. However, while the baby is not yet born, they are exposed to a very noisy environment and they have to learn to ignore sounds. All these factors mean that at any age the child may not apparently respond to sound even when they have perfect hearing, so clinical testing is not always accurate. This may be due to conductive hearing loss associated with upper respiratory tract and ear infections; while other children may just be slow to develop localization of sounds. When parents express concern that their infant does not seem to hear, that infant should be formally assessed.

From 18 months onward

Hearing by 18 months is at adult levels, but there will still be some further development in the ability to locate sound. It is not until about five years that the child can immediately locate a sound directly over their head. In the second year of life the child is very prone to upper respiratory tract infection or obstruction of the middle ear and some hearing loss. As children can lip-read very readily, parents may not be aware of their child's hearing loss even when it is quite substantial. As well, the child may not be very attentive and the parents may complain that they don't seem to hear. One needs to make a distinction between the child who listens (ie attends and understands) and the child who hears. A three year old in a crowded room will have trouble responding to what is said to them, until someone bends down to their level and looks at them before talking to them.

Research into the development of literacy suggests that the young child develops the ability to discriminate new speech sounds which they hear at home, indicating the importance of a wide range of early language experience.

The development of an effective spoken language is unusual in children who have a severe permanent hearing loss. A manual signing system used with spoken language as well allows both systems to develop to full potential in a bi-lingual approach. The earlier a child is fitted with an amplifier in or next to the ear, the better hearing ability develops. Those children fitted with an amplifier before the age of six months have significantly better oral language skills than those who were amplified later. Eventually babble stops in hearing-impaired children unless they are effectively "aided". Acquisition of spoken language in hearing-impaired children seems to follow the same pattern as in hearing children but at a much later age, even if appropriately aided. The first word may only be achieved by the age of three years, and these children have great difficulty acquiring words.

Temporary hearing loss associated with otitis media ("glue ear") may lead to significant speech and language delay. The level of delay depends on the degree and duration of hearing loss and on the stage of language acquisition. Once the diagnosis is made, "grommets" (tiny tubes inserted in a child's ear to enable removal of wax or sticky liquid) are used to restore hearing levels to normal. Any language delay can then be restored to normal levels.

SMELL

A newborn baby's sense of smell is well developed. Very young infants modify their behaviour in response to information gathered by smell and taste. By seven days of age, research shows that infants reliably choose their own mother's smell rather than another's. They can discriminate between their own mother's breast pads rather than those of other nursing mothers or to a clean pad. The attraction of the smell of both breast milk and the mother helps the baby locate the mother's nipple and begin suckling.

TASTE

A baby can taste in the uterus. Infants vary their sucking patterns in response to the taste of breast milk, formula and salty or sweet liquid. Taste buds begin to develop around 55 days into pregnancy and they increase in number after birth. The young infant does not have the adult's ability to detect subtle flavour differences. However, babies are born with preferences for certain flavours and aversion to others. Flavour preferences change as the child develops and experiences new tastes. Generally, familiar tastes are preferred to new ones.

TOUCH

A baby's sense of touch is not only well developed at birth, it is the basis for a number of instinctive physical reactions. Physical contact is very important for establishing early bonds and promoting a child's development. There have been dramatic changes over the years in how hospitals handle babies and how parents are encouraged to touch, stroke, rock and massage their infants. A baby is increasingly able to control hand and arm movements so that they can bring their hand to their mouth and suck on their fingers. This is a normal and important addition to feeding and it will be a helpful self-comforting routine as time goes on. Their mouth will become just as important as their hands for exploration.

PHYSICAL DEVELOPMENT

Generally growth proceeds in a continuous fashion rather than in stops ands starts. However, faster or slower growth can occur in response to events such as illness or changes in nutrition or environment. After birth, the rate of weight gain and growth in length accelerates to reach its maximum speed between four and six weeks. The speed of growth then slows rapidly until the age of four or five years. The growth rate remains slow until there is a marked acceleration of growth that is the adolescent (teenage) growth spurt. This spurt reaches a peak at about age 12 years in girls and 14 years in boys, although the range of normal is wide.

Weight has a similar growth pattern to height, as do most parts of the body. However, certain body parts, for example the brain, skull (head), intestines and reproductive organs, show variations in growth. The brain and skull grow most rapidly in the early years after birth.

There is wide variation among children in actual heights and weights, and in the rate of weight and height change.

Brain growth

There is a rapid increase in brain weight during the last half of pregnancy, which continues well into the second postnatal year (the brain growth spurt). The developing brain is vulnerable during this phase. Growth restriction in the uterus and under-nutrition in infancy have been found to be associated with physical brain deficits such as reduction of brain size, and loss of other neurons (brain cells). Good early nutrition promotes optimal brain growth. The human brain growth spurt mostly occurs after birth, so good nutrition is very important for infants.

"Indigenous child care means that we are still able to keep our cultural identity alive and strong, whilst making sure that our children maintain their identity in our services and to also promote the strong family connections. Since our centres have been operating we have seen many changes over the years in regards to child care and how the others (white fellas) perceive how we should operate the service. One thing that sticks in my mind is that we all have a gift and that is to make sure that our kids are safe and secure and above all to feel LOVED."

Tanya Ardler
Gudjahgah Miamia (Wreck Bay) MACS
Wreck Bay, ACT

A. GROSS MOTOR DEVELOPMENT

First 6 months

During the first six months, the infant gradually gains control of their head and neck muscles, followed by the trunk and limb muscles. From birth the baby is able to lift their head off the couch and by about four weeks they can readily turn their face either way. By six weeks the infant can hold their head up in line with the body for a few moments, and by three months there is little or no head lag. By six months they are able to raise their head from the pillow to look at their feet. They will lift their head in anticipation of being picked up.

By about 24 weeks the infant can bear almost all of their weight and bounces up and down actively. By six months they can sit with support in a pram or high chair and turn their head to look around. Some six-month-old children can sit without any support.

Development from 6 to 18 months

Head, neck and trunk development enable them to sit upright early in the second half of the first year. Having achieved free sitting, the baby may rock to and fro on their knees. The baby will then start crawling, between about seven and eight months on average. Some still do not crawl at all, but move about another way eg shuffling on their bottoms. A number of babies have not crawled by aged one. A most important development for a child is their ability to stand up by themselves. About half of children aged 12 months walk alone, but there is considerable spread in the age at which independent walking is achieved. Children who shuffle on their bottoms are often the late walkers, some as late as two years old. All but a small group of children are walking and running by the age of 18 months.

Development from 18 months (toddlers) to 5 years

The developmental route to walking varies with the child's muscle tone and their temperament. Other developmental milestones are controlling their bladder and bowels, the ability to feed themselves and the ability to dress themselves. Catching and throwing a ball is an achievement which develops some time around the age of three, depending on how much practice they get. The child clearly can acquire all sorts of skills while playing.

The age range for normal development of gross motor skills is wide. By around the age of five the child has developed a basic array of gross motor skills. After five there are improvements related to greater strength, greater precision, greater speed and length of performance.

B. FINE MOTOR DEVELOPMENT

The development of fine motor skills depends on normal vision and appropriate opportunities for learning. Deprivation of either is likely to result in the delay of acquisition of such skills.

First 6 months

Between about two and three months of age, infants start to look at their hands and touch one hand with the other. The hand grasp provides a foundation for later visual motor skills. Around the third month of life, infants begin swiping at objects with loosely fisted hands. By about six months, they may reach persistently toward objects in front of them.

Between three and six months, the coordination of grasping and reaching gradually comes under visual guidance and voluntary control. Once the infant can reliably obtain an object, clumsy whole-hand grasping becomes progressively refined.

6 to 18 months

Some time after 6six months, a baby is using both hands freely, reaching out and picking up objects, transferring them from hand to hand and exploring them with their mouth. Around six or seven months, they spend a lot of time handling, sucking and manipulating objects. By about 10 months, they will have developed the pincer grasp, in which small objects are picked up between the thumb and forefinger. They enjoy throwing or dropping objects. During the second year of life, a toddler can use tools such as spoons and pencils. They can pick up a piece of food and put it into their mouth. At aged one, the use of their index ("pointing") finger allows them to poke into objects and explore them in rather more detail than earlier. At about 15 months, they are able to put one block on another, and this requires the coordination of vision and the hand movement together.

Many of these new fine skills are highly dependent on the child's previous experience (eg with blocks) and their opportunity to practice.

From 18 months (toddlers) to 5 years

Banging clumsily with a stick or toy hammer can start from 14 or 15 months onward but twisting movements, such as undoing jars, come much later (possibly not until three years old). Smaller blocks are too difficult for most two-year-olds to manipulate effectively. At about 18 months, most children will make their first attempts with a crayon, pencil or chalk if they are given the opportunity. The child will first hold one of these in their fist with the point protruding beyond the little finger. Very quickly however, they realize that this is not a good way to control the point and they begin to develop the "tripod" grip (i.e. hand resting on a flat surface with thumb and next two fingers gripping the drawing tool). Practice with pens and pencils plays a part in the age at which this is achieved. By 18 months the index finger may be used to point at objects in a book and the child begins to turn the pages. However children who do not have books cannot develop that skill.

By three years of age, the child is beginning to produce recognisable pictures. From about four years, the child can copy a cross and draw a square if they are shown first. A drawing of a man may now have a head and legs and the picture may or may not have a separate trunk. Most children of this age will be able to drawer a simple representation of a house. Ideas of shape and copying ability have improved to the extent that the child can now learn to recognize and copy some letters from the alphabet.

In all fine motor tasks, practice certainly makes a difference for the age at which the skills develop.

> **"To me our Indigenous Early Childhood Services here in South Australia are an extension of our families and their community. The staff of these services are trained to build up our children's confidence and self esteem, develop their fine and gross motor skills through appropriate play and good learning environments. They teach our children good socialisation skills; help with language development and reading and conversation skills. Encourage good eating habits that help our children's minds and bodies to grow. Help our children to learn to get on with each other and their peers. Child Care centres also encourage their families to become part of the centre. Finally, the centres also prepare our children for pre-school and school.**
>
> **The benefits for our parents are that they feel secure in the knowledge that their children are safe and in a culturally appropriate centre. Parents can go off to work, study or sometimes just have time to themselves knowing that their children are in a safe environment. Parents are made to feel welcome in the centre by the staff and the centre is often the hub of many of our Aboriginal communities. Many centres host health visits and check-ups on site, run parenting programs, inform parents of their children's achievements and in some cases talk about concerns they have in regards to children's behaviour or child development concerns and how they can work together to solve these issues."**
>
> Debbie Bond
> Aboriginal Resource Management & Support Unit
> Network SA
> Regency Park, Sth Australia

CASE STUDIES

The following case studies provide examples of innovative early childhood and parenting programs that aim to provide parents with information and support to raise their young children. There are some excellent examples of new methods being used to educate and support parents on childhood development and important issues such as nutrition, literacy, pregnancy, and play.

- **Program to Improve Young Children's Health & Education**
  Barunga Community, Remote Northern Territory

- **Birrelee Multi-Functional Children's Centre (Macs)**
  Tamworth, NSW

- **Home Instruction Program for Preschool Youngsters (Hippy)**
  La Perouse, Sydney NSW

- **Jalaris Aboriginal Corporation Project**
  Derby, Kimberley Region, WA

- **Koori Kindermanna Preschool Woomera Aboriginal Corporation**
  Albury NSW

- **Knyitty Jundu Playgroup**
  Mackay, Queensland

- **Kura Yerlo Children's Centre**
  Largs Bay, Adelaide, South Australia

- **Mobile Play Bus Program**
  Sydney's Inner City Suburbs, NSW

- **Minya Bunhii Children's Centre**
  Ceduna – SA

- **Jirnani Childcare Centre (Nutrition & Family Program)**
  Nguiu, Bathurst Island, NT

- **Early Intervention Parenting Project & Program at Wanjana Lidj Corporation**
  Morwell, VIC

- **Save the Children's Fund Kindergarten**
  Mooroopna, VIC
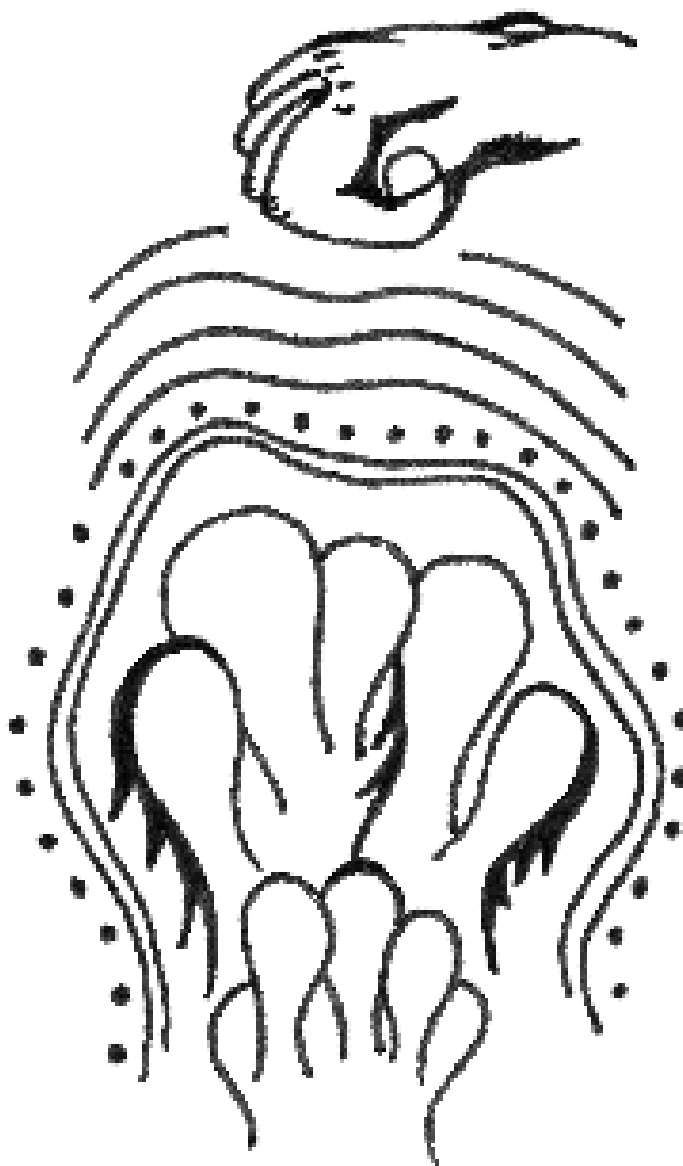
PROGRAM TO IMPROVE YOUNG CHILDREN'S HEALTH & EDUCATION

BARUNGA COMMUNITY, REMOTE NORTHERN TERRITORY, NT

Iron Deficiency Anaemia (IDA) is an ongoing problem in many Aboriginal communities, and is associated with reduced immunity to infection and delayed physical and intellectual development. About half of all Aboriginal children in NT remote communities aged under five years were anaemic in 1995 to 1998. IDA is commonly due to diets that are low in iron (ie lacking meat and vegetables), and other risk factors include recurrent childhood infections. Research on anaemia shows a direct link between IDA and delayed psychomotor development, and this may persist to age five or six and may result in permanent loss of IQ even if the anaemia is treated. Mild iron deficiency is also associated with low infant developmental scores, and poor attention span in school-aged children.

Remote Area Nurse, Peter Wordsworth, and staff at the Barunga Health Clinic found a marked increase in the number of sick children attending the clinic in late 2000, and many also had anaemia. Primary school teachers were also reporting that children were more lethargic and had greater difficulty concentrating in class. A screening program found that 90% of children under five years of age were anaemic. The health clinic and education staff responded to these high rates in the community by developing a School Based Program in 2001 for children under 13. This Program was developed in conjunction with the teachers, Aboriginal Health workers, doctors, Remote Area nurses, and the community. The program relied on collaboration of teaching and health staff. Activities included a school screening and treatment program, a nutrition program to increase the children's intake of iron, and "brain gym". The program began with a full screen of preschool, early childhood and primary school students, and included a hearing test. This was to identify any health and learning problems the children might have and to rectify them. Depending on results, the health staff de-wormed the children and started them on daily iron and orange juice with Vitamin C. The younger children were also given breakfast of Weetbix, milk, Milo and vitamin drops. The health staff visited the children every morning to check on their health and to give them their oral iron and vitamin supplements. This daily review was quick and it meant that many conditions were detected and treated early.

The review at the end of the first month was very positive, with most haemoglobin levels increasing to healthy ones. Later that year there were a number of cases (28) of gastroenteritis and rotavirus (seven). However, with the cooperation already in place between the school and the clinic, community education was more achievable with mothers presenting their children early in the disease and, with improved health due to the school program, only four children were admitted to hospital. Peter also noted that normally at the clinic with the start of the cold season there is an increase in children presenting with chest infections, but not that year. At the school, teaching began about teeth cleaning and personal hygiene.

A nutrition program run by the teachers at the school complemented the treatment program. Its focus was teaching the children healthy choices and the importance of "strong blood". It included nutrition and cooking classes, subsidised healthy lunches from the store, giving iron and vitamin supplements, and providing breakfast, morning tea and lunch for the younger children, prepared by local mothers. One teacher remarked that:

"the children are making healthy choices themselves in the store buying orange juice and yoghurt instead of coke and lollies".

The store reported that the consumption of milk, orange juice and water was up.

Since the program began, Peter noted fewer documented cases of chest infections, scabies and skin sores, and that the children were generally healthier and happier. All staff noticed a dramatic change almost immediately. Peter stated that:

"Their overall haemoglobin was up, and the kids' energy levels drove the mums crazy – you literally had to peel them off the wall – the kids just have so much more energy since we started this program".[1]

In the last term of 2002, the primary school developed a nursery school program in the mornings for children from birth to school entry age, and this group was also included in the health program. In the three and four year olds, there was a decrease in the prevalence of anaemia. Many children who had not been eating a lot started actively looking for food. Babies were brought to the nursery program for play and developmental activities, and social interaction with children of similar age. A parent/carer was required to stay with the younger children and the nursery school organised training and education options for the carers, run by the supervisor and local health clinic. Most of the mothers were also involved in the daily running of the nursery school with preparing meals, washing toys, and cleaning. Younger parents learned new skills from the older more experienced mothers, such as how to wash and care for their babies, hygiene and basic cooking skills. Now carers prepare breakfast for the children at the nursery school. In the afternoons, some carers mind the babies of the young mothers who go to the local adult education centre for sewing, reading, and writing classes.

A behavioural and developmental optometrist and educational kinesiologist from Darwin visited Barunga

for one week to assess the children and coordinate a registered BRAIN GYM program[2]. This consists of simple movements similar to those performed naturally by young children as part of the process of brain development. This apparently can have a positive impact on children's reading ability. The teachers commented that:

"*Kids' reading has improved in leaps and bounds – they are now reading at a much higher level*".

Promising results

Education and health staff reported the overall results of the program were very positive:

- The average haemoglobin level increased to normal levels.

- Children's attention and performance improved. The children are achieving benchmarks for key education skills that are reaching those of urban students. Teachers commented that:

  "There is a noticeable improvement in their behaviour – they concentrate more and are well behaved."

- By early 2003, hospital admissions had dropped from 26 per year for under-five-year-olds to zero admissions for under-20-year-olds, and attendance at the clinic had decreased.

- Children were making healthier choices.

- There were fewer cases of skin sores, head lice, scabies and chest infections.

- There were increased weight gains (some putting on more than 10 kgs).

- There were increased school attendance rates.

- There was increased communication between health and education staff and the community.

References

1. Condon, JR., Warman, G. & Arnold, L. (Eds.), (2001), *The Health & Welfare of Territorians*. Epidemiology Branch, Territory Health Services, Darwin, 2001, pl22, in *The Chronica*l, Chronic Diseases Network Northern Territory, Vol. 6, Issue 4. Nov/Dec 2002, pp. 2-4.

2. http://www.braingym.org/faq.html

BIRRELEE MULTI-FUNCTIONAL CHILDREN'S CENTRE (MACS)

TAMWORTH (NSW)

Birrelee MACS is situated in the large rural town of Tamworth in northern NSW. Biralee is licensed to have 39 child places: 14 zero to three year olds in the "nursery" and 25 places in the preschool which runs for a full day. Their license allows up to five under-two-year-olds. Approval of the Department of Children's Services (NSW) is required before the centre can take more than its approved numbers, which happens in an emergency situation. For example, if a child is at risk, the centre gets referrals from the women's refuge. There are 11 staff members and many of them have worked at the centre for eight to 10 years. There are seven Aboriginal and four non-Aboriginal staff members, and all casual workers are Aboriginal. At any time the centre has children from about 80 families. A bus service picks up over 50% of the children in the morning and drops them off at their homes later. Staff rotate the job of accompanying the bus, and this also provides an opportunity to maintain personal contact with parents and for face-to-face discussions regarding the children. Some families come from outlying areas and many are fairly itinerant. The centre employs a cook and a full nutritional program is included, with the children being given morning and afternoon teas and lunch. Some children are also provided with breakfast. There is a resource library at the centre, and the preschool children have a monthly excursion to the local library. The centre is able to borrow books that the children select. Staff then read the books to the children back at the centre, but children do not take them home.

The staff work with the local Early Intervention network to support families with children experiencing problems such as speech, hearing, vision, intellectual and physical developmental delays, and behaviour. Staff of Birrelee attend the "New England Network" meetings, along with staff of other key agencies including the NSW Department of Children's Services, schools, and early intervention staff. Birrelee employs a full-time registered Early Childhood nurse with midwifery and childcare qualifications. She and the early childhood teacher assess children and also refer. All early intervention services at the New England Health Service are free but some, including the early childhood teacher and the child psychologist, have long waiting lists. Birrelee has got around this problem by using a private optometrist who charges the Medicare fee only. Any spectacles are also free. The centre has a dental program started by the Aboriginal Health Service, and all the children at the centre are given toothpaste and a toothbrush. Family support workers offer parents help with budgeting. The Director, Connie Newcomb, researched what agencies there were for screening and which were the most economical and accessible.

The children are screened for hearing and vision through the Australian Hearing Association and the Royal Institute for Deaf and Blind Children, who come up from Sydney two or three times per year at no cost.

In terms of parent involvement with the centre, parents can attend at any time. Staff members ask parents to come to the centre for a parent-teacher interview for each child. A parent attends all staff meetings. Many parents and carers come to cultural events organised by the centre. During NAIDOC week there are four days of activities at the centre, including an open community day when at least 150 people attend, both Indigenous and non-Indigenous. On the Friday, the centre closes so staff can join the community for the official march and celebrations, and they help out at a Family Fun Day with activities like a morning tea for the elders' tent, face-painting and sports events. Birrelee staff also participate in the annual National Aboriginal and Islander Children's Day on 4 August with a community celebration day on the nearest Sunday, to allow maximum attendance. When there is a staff development day at Birrelee, they invite the parents if it is relevant to them, such as a presentation on managing child behaviour. The centre director commented that it is easier to get parents to come to workshops or meetings if there is food offered. If a child is having any problems such as delayed development, the parents are included in designing a special action plan for that child with the staff. All the preschool and childcare staff are aware of any special programs for a child needing early intervention.

The centre is close to a community centre where they have parenting classes, and antenatal classes for pregnant women. There is also an Aboriginal Maternity Service that visits a local antenatal clinic every Thursday. The Nursing Mothers Association of Australia branch in Tamworth provides some respite for Indigenous and other mothers. Staff at the centre join in health promotion activities such as the sexual health clinic's promotion handing out ribbons for National AIDS Day, when the Birrelee staff wear T-shirts promoting safe sex.

School transition programs are coordinated by Birrelee staff and the local primary schools. The children from Birrelee go to about five or six local schools, with Hillview Primary School one of the main ones. The program is coordinated by Aboriginal Education Assistants and funded by the schools. The transition program at Hillview school involves the Indigenous children spending a half day per week at the school from the beginning of the fourth term before they are due to attend school. There are 8 Aboriginal Education Assistant positions in Tamworth, of whom five work in local primary schools. Their role includes organising the transition to school programs before the children start school, coordinating the Aboriginal cultural curriculum (for Indigenous and non-Aboriginal children), supporting the families of the children, and trying to support the children to stay at school. All children in the preschool of appropriate age go on to attend primary

school. Birrelee has recently acquired computers in the preschool room through fund-raising, and these should help the children's readiness for school.

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPY)

LA PEROUSE, A SUBURB OF SYDNEY (NSW)

The Home Instruction Program for Preschool Youngsters (HIPPY) is a two year, home based early childhood enrichment program for preschool children targeting communities who have experienced disadvantage. HIPPY was developed by a team of early childhood educational experts at the Hebrew University in Israel, and it now runs in a number of countries. HIPPY believes parents play an important role in their child's education and can be wonderful teachers of their children prior to beginning school. HIPPY builds upon parental strengths so they can provide their child with the necessary skills and confidence to begin school with a positive attitude towards learning. HIPPY provides employment to a number of parents in a community who work as Home Tutors. These Tutors, who also have children in the program, meet regularly with parents and teach them how to use the weekly activity packets and storybooks with their child. Whilst the activities are educationally based, the main aim is for parents and children to have fun together.

The materials used in this program are highly structured and the program runs over a two-year period during school terms. A professional Coordinator heads up each HIPPY program and employs a small number of parents in each community as paid Home Tutors. The Tutors are also parents in the program and implement the activity packets with their own child. Parents are visited fortnightly by their Home Tutor who helps and trains the parent to teach the weekly set of activities. The emphasis is on improving learning and, in particular, language and cognitive development, and about having fun with their child while learning. The parent then spends about 15 minutes each day of the school week, during term time only, working through the activities with their child. On alternate weeks the parents attend group meetings where training is done as a group. This is followed by an enrichment activity or workshop on topics previously decided by the parents. These meetings also provide a space for parents to discuss any concerns they are having with their child, and to obtain information on local issues, child development and anything else that is important and relevant to parents in the community. The parents love these meetings and there is a lot of fun and laughter in the group. Most importantly the group meetings also help in creating friendships and decreasing the sense of isolation felt by many families in disadvantaged environments.

The Brotherhood of St Laurence has been running a HIPPY program in one of Melbourne's most disadvantaged areas for some years and it has had a comprehensive evaluation. The benefits for **children** have included a growing eagerness to learn new concepts and skills, and increased confidence in themselves as learners. Benefits for **parents** have included improvement in parent-child relationships, increased engagement in their children's education and, for the non-English speakers, improvement in their English ability. In addition, children in the HIPPY Program have been performing close to the average levels of other Australian children at school on most measures.

The Commonwealth Department of Family and Community Services (FACS), through their Stronger Families initiative, has funded the first trial HIPPY program in Australia aimed particularly at Indigenous families. It is being researched by the Australian Institute of Family Studies which is also funded by FACS. The program is running at La Perouse, a southern suburb of Sydney near Botany Bay. There are a significant number of Indigenous families living quite close to La Perouse. These families live in public and private housing in surrounding suburbs.

The HIPPY Program is based at La Perouse public primary school, where the program has its own room. The program first started in 2002 with three Home Tutors who are Indigenous mothers with four year olds. Many of the participating families are single mothers with other children. The local Aboriginal community wanted to include some non-Indigenous families. The program started in early 2002 with 30 families, of whom 23 were Indigenous. The children who did the program are now in the first level at school and they will complete the two-year program at the end of this year. Each program has a local advisory group comprising local community representatives which enables the community to have a voice. This group may include Aboriginal elders, early childhood workers, parents in the program and anyone else the community thinks would assist in the growing development of the program in that community.

Sherri Longbottom is the Program Coordinator, and she had previously worked as an Aboriginal Education Assistant in a school close to La Perouse. In May 2000, she and another lady from the community went to Israel to undertake the required HIPPY training. Since then, HIPPY Australia has been established and is also offering training programs and support for new HIPPY programs.

The Home Tutors train parents about once per fortnight, and they discuss any problems with their family with the Program Coordinator. On the alternative week, they attend the parent group meeting. The first three Home Tutors were chosen by the Program Coordinator who knows the local community well.

Some of the staff at the school have made comments about the children now doing their second year of the program, saying that they are more confident at school, more settled, taking things home from school and they are eager to learn. It is a big commitment for the families over two years. The project is now funded by the Stronger Families Strategy until late 2003 at least. It has cost about $150,000 to start up and run the program for two years, and they are hoping for further funding to maintain the program. There has been some interest from other Indigenous communities.

For further information, contact HIPPY Australia on (03) 9415 8399. A video on HIPPY is also available for loan. HIPPY Australia website is hippyaustralia.org.au

CHILD DEVELOPMENT

JALARIS ABORIGINAL CORPORATION PROJECT

DERBY, KIMBERLEY REGION OF WA

The Derby Aboriginal community in the West Kimberley area suffers among the highest levels of alcoholism and drug abuse, poor nutrition, unemployment, domestic violence and suicide in Australia. Of the 300 permanent residents, half are Aboriginal. Jalaris Aboriginal Corporation has established itself as a stable and innovative organisation within this community. It was formed in 1994, and first developed a low-cost food and clothing store, then a commercial kitchen to provide cheap nutritious food to the local community, with various funding. This revealed a real need for delivery of good cheap meals to the many impoverished households in this community.

Scientific evidence has shown the links between poor nutrition and developmental problems in children. Recent studies referred to in the Kimberley Aboriginal Health Plan have found that dietary deficiencies are still widely prevalent, particularly in children. Maternal malnutrition has long been recognised as contributing significantly to unsatisfactory nutrition and health in infants and young children.

In 2002, Jalaris was given three years funding by the Stronger Families Fund to establish a drop-in centre catering for children 0 to 12 years and young mothers. This project had over 400 clients on its books by June 2003, with an average attendance of about 18 children. It employs three Family Support Workers, a Project Coordinator and three trainees. The Project Manager (and CEO of Jalaris), Brett Morris, works full-time but contributes his labour as a volunteer.

The Drop-In Centre proved very popular for the children and convenient for their parents, but it soon became overwhelmed with high numbers of children. Staff concern grew as many of the parents were just dropping their children off for someone else to mind. The project was re-designed to focus specifically on family health, and to concentrate on parenting and health education, with childcare and nutrition as one aspect. This involved the remodelling of buildings to provide a room for mothers to learn the skills they wanted (including sewing, cooking, computer skills, first aid, driving and art). By June 2003, the focus had shifted to young mothers and their pre-school aged children. The new strategy of children needing to be accompanied by an adult has provided a whole new beginning.

Child Nutrition

Despite setbacks along the way, in May 2003 a TAFE agreed to provide an Aboriginal Short Course in Nutrition, Cooking and Hygiene for 10 students, conducted at Jalaris. The first Good Food BBQ was attended by nearly 50 women and children, including representatives from the Derby Aboriginal Health Service (DAHS) and Community Health. On school days a trainee nutrition worker teaches children to make their own nutritious meal at the Mungarri Drop-In Centre. This strategy is also designed to attract truanting children to the Centre where staff can try to encourage them to go back to school.

Identification of parents whose children are having nutrition problems has been established. Argyle Diamonds and Western Metals Corporation have sponsored a Nutrition and Health Caravan. This unit will be staffed by two senior Aboriginal women supported by the DAHS and Community Health, and will be on the road in September, visiting the back streets in Derby and surrounding communities with health and nutrition as the main message. It has been re-painted in a striking Aboriginal design. The caravan will focus mainly on child and maternal health. On clinic days, DAHS nurses will staff the caravan at the Drop-In Centre and Jalaris will provide the women with transport and childcare. Jalaris staff will also continue to work with truanting children. The caravan will give Aboriginal people direct contact with the Jalaris Family Support Workers who are trained and experienced in nutrition and health. The Family Support Workers also work with parents of children identified as having problems, to provide support and assist them to address any parenting issues that may be affecting the children and the family.

School-aged children are being taken on bush trips during school holidays. Elders at each camp introduce the children to the local bush tucker and medicine, and also help to build confidence in their culture and identity.

Promoting linkages between agencies

Jalaris consults and cooperates with all relevant agencies and stakeholders (eg schools, drug and alcohol services, health services, police and local government). Jalaris has an Advisory Group, drawn from representatives of these and other organisations (eg the Kimberley Public Health Unit nutritionist, the FACS Manager in Derby, and community elders). The community response to the Drop-In Centre has been overwhelmingly supportive, both in terms of the clients who have come and the help received from other community organisations and businesses.

Building self-esteem

Family support staff at the Drop-In Centre are attending courses to be trained in building self-esteem in children. The bush camps also contribute to building confidence in their culture and identity. Children are being introduced to various arts and crafts, and being rewarded by exhibiting or

publishing their work. In addition, the establishment of a Women's Room with its own computer, fridge, microwave, sewing machines and TV/Video player has noticeably raised the morale of the women. Men can only enter by invitation, and there is a good deal of laughter provoked by this innovation. The women are now producing hand-painted bags, items of clothing, curtains and artwork.

Training

Jalaris tried to establish traineeships for six young people in 2003 with Workbase in Broome but had no success, so simply took on three young women themselves. They then negotiated with TAFE to train these women plus seven others in an Aboriginal Short Course.

Young women's project

After re-development, the Young Women's Centre officially re-opened in late October 2002, and the response from the women was fantastic. Unfortunately it burnt down in December 2002 and lost equipment, but with Shire assistance it re-opened in the Derby Neighbourhood Centre in February 2003. The Centre is auspiced by Jalaris but functions separately. The women are taught the life skills they want at the centre eg computer use, craft, sewing, cooking and learning to drive lessons. The women have together made their own budget cookbook. There are also classes on literacy and numeracy through the local TAFE. The women have loved all these activities. Each Thursday, Community Health or DAHS alternate with discussions on health issues such as nutrition and pap smears. two creche workers, currently enrolled in the Certificate 3 in Child Care through the TAFE in Broome, mind the children in an adjacent room with lots of activities and stimulation. Children also mingle with their parents in the training rooms. Training in parenting skills continues to be offered through the Young Women's Centre and Skillshare workshops. A psychologist in FACS (Broome) is hoping to run a Triple-P parenting program with the women.

KOORI KINDERMANNA PRESCHOOL – WOOMERA ABORIGINAL CORPORATION

ALBURY (NSW)

The Koori Kindermanna Preschool for three to five year olds is in its fourth year of running now, having initially started as a supported playgroup. It is the only Indigenous preschool in Albury, and it is licensed for 18 children. However there is a very large waiting list. Attendance is free. Most of the children attending have had no other service experience (ie no child care or playgroup). The local women's refuge has a number of children but they cannot fit them in, except for the very occasional one in an emergency. Preschool runs on three days per week except for school holidays. A bus picks up Indigenous children from all over Albury and this takes about 90 minutes in both the morning and the afternoon. The children are at the preschool from 10.30 am until about 2 pm, although it is licensed between 9 am and 3.30 pm. The preschool offers a nutrition program for morning tea and lunch. The preschool is situated in the main room in the community centre at the Woomera Aboriginal Corporation. The Coordinator, Terry Hawkins, has been there for about a year and a half, and she is qualified in preschool teaching and childcare.

The preschool runs a fairly loose program both indoors and outdoors. The children often prefer to be outside. The parents want their children to be ready for school, so preschool helps the children to develop social skills so they will fit in when they get there. All of the children speak English. The feedback from the primary schools that these children mostly attend indicates that they settle better into school than those who have not had a preschool experience. The preschool teacher and her co-worker teach the children things that will ease their transition to school, such as how to find and put on their own shoes, and how to sit and listen at "group time". She explains that there is early literacy and early numeracy in almost everything they do with the children. For example, she prints off their own nametags to stick onto the top of their paintings so that they learn their written names. Similarly, their sun hats have their own names inside the brim. They follow the Sun Smart Program's policy. Attention is paid to the children's fine motor skills. The children listen to at least one story every day, and they have a small selection of books which they are building up. A local library comes to them once per month with a bag of books, which remain in the centre for a month. The centre has had fourth Year Charles Sturt University Bachelor of Education students working with them on a numeracy and literacy program, and some of these students stay on for a time as volunteers when their degree is finished. The University students bring lots of learning games

in colourful cardboard boxes that help children to count, match cards, and learn pre-maths skills like sequencing objects by size, number and shape. The "numeracy boxes" go to the children's homes over the weekend, and they love playing with them, often also with adults and cousins. The preschool teacher commented that the children's parents and broader family members were very pleasantly surprised at being trusted with this equipment. The preschool also has several Fourth Year Speech Pathology students working individually with some of the children each week for a short period of time.

The families of many of the children come from many different parts and different cultures, as a result of re-settling in the late 70s, and recently a number of families have come into Albury from missions. Many adults are not employed and do not have transport. Families are made welcome at the preschool, and they can stay all day if they wish. About every second day, there would be a parent dropping into the centre after catching a bus into the city. Terry is employed for one day outside her paid time to work on her program planning for preschool and also to do home liaison with families. She tries to visit the families at home, and usually manages to see most parents at the beginning and end of the preschool year, and other times when needed eg to get parents to sign the consent form for children to be immunised. Often these visits happen in the early morning or at night. Many of these parents have had negative experiences during their own schooling or other negative experiences. Most have some level of literacy, but there are a few families who cannot read. This can present some problems for these parents who may miss out on important information in the preschool's fortnightly newsletter. However, the staff member who travels with the children on the bus can quickly explain what is in the newsletter to waiting parents.

The coordinator has noticed that a number of Indigenous people seem to be fearful of people in uniforms, possibly the result of past bad experiences, so she is trying to change this situation. She has arranged visits from, or excursions to, services such as the police, the fire brigade and emergency services so that the children become aware of their roles and get to know these adults better.

As well as the preschool, there are a number of other programs running out of the Aboriginal centre building including the home care office, community transport and the community development office. This system works well, with lots of the community members interacting with the preschool children like an "extended family". The children's parents also feel comfortable with their surroundings and community staff. The preschool room, which is used for other purposes outside preschool hours, has lots of pictures and photos in the room, many of which relate to Aboriginal culture, and there are also several Indigenous musical instruments eg a didgeridoo. A local TAFE has a Koori art unit and they sometimes

work with the children. One time they combined forces to make three lovely hessian wall-hangings. On Fridays, some older ladies chat and sew together, often making things for the children. For instance, they recently made cloth "dilly bags" for the children to paint or print on.

Terry accompanies some parents to sessions on school orientation and will sometimes sit with parents in the class several times so that the child and family become familiar with the school and its routines. All the current preschool children will be eligible to go to primary school next year, but a number of younger ones often benefit from another year at preschool.

Parenting programs are being run by Mungabareena Aboriginal Corporation at Wodonga, just across the Murray River from Albury. Parents (including those from Albury and Kindermanna preschools) were asked what they wanted in the way of programs, and most indicated parenting education and parenting support. The local parents keep going back to these sessions. There is also a need for occasional care or respite childcare. Orana Family Services run a playgroup especially for children with additional needs (such as disabilities) and they also have a worker who will come to the preschool for about four-five hours per week to work with these children. Other services that come include a dental service, a community nurse who does vision and hearing screening, and an immunisation service (for parents too).

KNYITTY JUNDU PLAYGROUP

MACKAY, QUEENSLAND

The Knyitty Jundu Playgroup is a culturally appropriate program that was implemented through the Child Health Worker Position at the Aboriginal & Torres Strait Islander Community Health Service in Mackay (in Northern Queensland). Sonetta Fewquandie is the Child Health Worker. Sonetta, with the assistance of two playgroup assistants, organises and conducts the playgroup. The playgroup has been operating now for seven years. It is held Monday and Friday each week from 10.00 am – 12.30 pm. Numbers range from 15–25 children from 0–5 years old attending each program and approximately 15–20 parents. Because it is a playgroup, no child attends without an adult. The health worker provides both the parents and the children with health education and can also set up appointments at the health service. Every Friday is nutrition day where the children receive a nutritious lunch.

The program is health based so the children are looked after in every aspect, for example:

- Hearing
- Nutrition
- Growth and Development
- Immunisation.

Each month a different health issue is put up on the board for the parents to read and there are hand out information sheets for them to take home. Sonetta tries to keep it simple with basic child health issues or current community or media diseases. These topics have included:

- Temperatures
- Childhood diseases
- Vomiting and diarrhoea
- Meningococcal
- Immunisation
- Parenting skills.

The parents' health is also looked after with their blood pressure, blood sugar levels and weight checked by an Indigenous health worker who visits the playgroup. A child health nurse also visits regularly. The service is seeking endorsement to allow the nurse to provide immunisation. When this is approved, immunisation will be provided to both the children and the parents.

The service holds a cultural day twice a year at which community members will teach the children about their culture through story-telling, activities, dance and language. This playgroup provides an environment in which Indigenous parents and children have access to health and community support services that are culturally appropriate as well as a service that is able to improve educational and health standards for the families.

The child health worker wrote the following comments about the program:

"This is a very important program in our community. I often wonder what our parents did without it. I feel these children have a basic good start to school and life because they have the opportunity to experiment in all areas of their development and have their health and well being monitored as well...The children in the community usually attend when they come out of hospital and stay with the program until they attend school. I feel there should be more programs like this. To have the parents attend with their children is great. They have the opportunity to interact with their children and socialise with other parents as well. I feel our parents have learned a great deal by attending the program. Hopefully through programs such as this we will see many happier, healthier children in the future."

CHILD DEVELOPMENT

KURA YERLO CHILDREN'S CENTRE

LARGS BAY, ADELAIDE, SOUTH AUSTRALIA

Kura Yerlo Children's Centre is licensed for 30 places, and takes children from six months old to five year olds. This MACS has two rooms: a baby/toddler room for six months to 2.5 years old; and a kinder room for 2.5 to five year olds. Currently 19 places are filled full-time and these children are more or less permanent placements and some may be there for four to five years. The child care places are almost always full, and currently about of the children are Indigenous and are not. The centre is part of Kura Yerlo Council Incorporated, and it is open from 8 am to 5 pm Monday to Friday for 50 weeks of the year. The building is a heritage-listed house which has been rented from the Catholic Sisters of St. Josephs for many years, and it is used like a community centre with many activities eg leadlighting, yoga, and pottery. There is a qualified child care worker and an unqualified worker in each of the rooms, and in the older children's room there is a Special Needs children's worker (funded under the Commonwealth Government's Special Needs Subsidy Scheme). All staff have been permanent for some time.

The MACS has a bus service that brings the children in the morning and returns them home in the afternoon. For children with disabilities, a special needs worker accompanies the child. On the afternoon home run, a qualified child care worker goes on the bus which provides some opportunity to make brief contact with parents or carers face-to-face, for speaking to parents, giving them notices, and helping to fill out any forms needed. Staff mention to parents concerns they might have about individual children eg inappropriate or unsafe behaviour, biting, when a child seems withdrawn, suspected hearing or speech problems and if they have been or seem unwell. The Lady Gowrie Centre has conducted training on-site about managing children's behaviour. Over 40% of children attending the child care centre are in the care of a guardian (eg aunts or grandparents).

The children are offered three meals per day, even if they have already had breakfast before getting to the centre. Every Monday night, staff volunteer to go to the local Baker's Delight where they collect leftover bread, buns and rolls, which they wrap up in bags and distribute on the bus runs and some to the centre. They also freeze some for their program and for other people. The staff try to discourage cordial or soft drinks, and they distribute fliers showing how children's teeth rot. The centre is accredited as a "Sun Smart" centre, and the children wear hats when outside.

The centre has written policies such as Confidentiality and Grievance Procedures. The non-Indigenous staff do not speak any South Australian language fluently,

but they are able to speak basic "Kaurna" language for certain instructions and for singing songs. All children attending the centre recognise, articulate and respond to Aboriginal English, which is used by all staff. On Fridays, they have "Palti" which means "coming together for singing and dancing". They also do public performances for a small fee or donation in kind which goes back into the centre. The centre is developing literacy and numeracy kits. "Persona" dolls of diverse skin tones, backgrounds and needs are given with doll's clothes to children to take home for a night. Families can read stories about "Rosemary", talk about her with their child, or ask questions about her for the children to answer.

There is reasonable parental involvement in the centre eg fund-raising, awards nights and community barbeques. Some bring in clothes to the centre or pans/lids for playing. A young mothers parenting project "Nunga Child's Play" was held at the Nunga Women's Shelter over six to eight weeks. The project was to encourage attachment between children and their mothers, and they all did activities together including self-expression and creative dramatic play. The centre has links to health agencies including Child & Adolescent Mental Health Services, Child & Adolescent Family Support, and Inclusion South Australia (for children with disabilities). Vaccination used to be done at the child care centre with a doctor visiting every Thursday, and other family members came too for their own concerns such as hearing tests.

The centre also hosts occasional Parent Information Nights whereby they invite guests to address or provide a presentation to families. On such nights, the centre offers transport, food and limited child care placements. The last Parent Information Night looked at the "philosophical, operational and practical rationale behind child care fees/funding and what this means for our children, families and community".

The centre is also committed to opportunities for personal/professional growth by accepting students from TAFE institutions, work experience school students, volunteers and CDEP participants interested in children's services.

MOBILE PLAY BUS PROGRAM

SYDNEY'S INNER CITY SUBURBS (NSW)

Save the Children Australia has established a Mobile Play Bus Program for families in six inner-city suburbs of Sydney. Save the Children Australia is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation that works to uphold the rights enshrined in the United Nations Convention on the Rights of the Child. Their work is focused on improving the lives of disadvantaged children, their families and communities.

Save the Children Australia, in conjunction with the Inner City Mobile Play Bus Advisory Committee, is providing a new mobile play facility for pre-school aged children and their families in six identified areas of highest need in inner Sydney. The objectives of the service are to:

· provide a five-day a week service in local parks in all six suburbs;

· provide children who would not normally access formal pre-school facilities with developmentally enhancing play experiences;

· provide parents with a non-threatening, informal environment to which they can bring their children and build support networks;

· link families with other support services in the area by providing information and referrals;

· include an Aboriginal play worker to work with the service to link with Indigenous families and children in the areas where the service is operating;

· provide a service for other local organisations to conduct informal outreach to families with the long-term aim of linking the families into those services.

Background to Sydney's inner city

Within the inner city there are areas that have traditionally been home to people from disadvantaged backgrounds. These areas are concentrated around public housing estates but also include areas of the inner city's expensive private rental market. As a result of the gentrification of parts of the inner city, the divide between the 'haves' and the 'have nots' has become more marked, with those from disadvantaged backgrounds becoming increasingly marginalised and reluctant to access mainstream services. Within the housing estates, there are many families with small children who do not have the financial means to access the variety of opportunities afforded to most families. Many have multiple problems arising from drug and alcohol use, perceived threats to personal safety, domestic violence, poverty and literacy or language barriers.

Based on consultation with various service providers in the South Sydney and Leichhardt Local Government Areas, local knowledge and research in the five areas was undertaken by South Sydney City Council and Glebe Schools-as-Community Centre. Six suburbs were identified as most in need of a preschool service such as a mobile play bus. These suburbs – Glebe, Surry Hills, Woolloomooloo, Redfern, Waterloo and La Perouse – contain the public housing estates of the inner city and also contain significant Aboriginal populations and people from non-English speaking backgrounds. These communities are often marginalised, resulting in social isolation. There are also many young families living in these areas where there are concerns about child abuse and neglect. Many children aged five years and under are not attending any preschool setting, as shown by data from the 1996 Census indicating that only 50% of three to four year olds were attending preschool.

The Inner City Mobile Play Bus Advisory Committee

The Inner City Mobile Play Bus Advisory Committee began with an initial meeting of local community service providers. The meeting was to discuss the possibility of (and need for) a mobile play bus service in the inner city. A large number of organisations/services participated in the initial consultation, including the Aboriginal Infants and Maternal Health Service. As a result, the Inner City Mobile Play Bus Advisory Committee was formed, comprising representatives of:

· Save the Children Australia

· Connect Redfern Community Centre (Redfern Public School)

· Glebe Schools-as-Community Centre (Glebe Public School)

· South Sydney City Council

· The Shop Women and Children Centre (Waterloo)

· Surry Hills Neighbourhood Centre

· Walla Mulla Family and Community Support Services (Woolloomooloo)

The Mobile Play Bus concept

For the past 16 years, Save the Children has been operating a Mobile Play Bus Program in the Blacktown Local Government Area that takes play facilities to children who have no other access to them. Problems to address include isolation and poor access to important services, such as the assessment of early childhood development. The Mobile Play Bus Program features a bus stocked with educational toys that takes a mobile play facility into neighbourhood parks, where parents and carers are isolated and

unable to reach more established playgroups.

The new play bus program in Inner-Sydney started in October 2002. The Mobile Play Bus Program allows young children to experience play with other children and provides an opportunity for interaction with their parents. It also allows parents to come together with trained staff to get advice, support and referral (where necessary) to other community services. At the same time, the children are assessed and assisted in their early development. There is an Aboriginal-identified staff member on the bus, and it is considered important that this position is filled by an Indigenous person as this is a major target group. The play bus always stops in the same park on the same day for each area for two hours, and there is always a wet weather venue there as well. The community advisory committee has a representative from each area and all are from strategic agencies. A key initiative has been the establishment of a community roster system, organised and written up quarterly by a coordinator, to link families at the play bus with other community services. For example, each month (or fortnight), a service provider (eg from Redfern Clinic) will be near the Bus during the two hours it remains there. Their role is to get to know some of the families and to provide referrals and support. This approach was designed to increase the access to services of families, particularly young women with children. Fliers and information about services in all the inner areas are on the Bus as well.

Equipment carried around on the Bus includes gross- and fine-motor equipment, imaginative toys such as puppets, tables and chairs, tunnels to crawl through, and climbing frames. There are two rules: parents must stay with their child and no smoking is allowed. The service providers model ways of playing and talking with children, and parenting. Relationships are built between the mothers in an area and they get to know (often for the first time) some of their neighbours in the high-rise apartments. Up to 30 families already come down regularly to the Bus in Redfern Park.

The program staff seek regular feedback on the effectiveness of the Bus service. This is gathered via surveys and weekly assessment of each child's development. A record book is kept with each child's attendance and progress, any referrals to other services and other issues relating to the family's circumstances. Critical success factors mentioned by staff are key stakeholders working together, the roster of community agencies, being outdoors and having a Council representative as the liaison person.

MINYA BUNHII CHILDREN'S CENTRE

CEDUNA – SOUTH AUSTRALIA

Minya Bunhii (local Aboriginal word meaning "Little Nest") is an integrated service that began as a three year olds' preschool over 20 years ago. About five years ago it became an integrated centre with childcare and kindergarten programs. The kindergarten has a qualified teacher and an early childhood worker, and the childcare program has two qualified and two unqualified staff. They currently have eight children up to two years old and 16 children over two years old and up to age five. There is a bus service that picks up most of the kindergarten children, and a few of the younger children. There are no afternoon programs for the kinder children so they are dropped off home after lunchtime, except those who remain in childcare until 5pm. Lunch is provided for all children. The families speak three Indigenous languages but Mavis, the Director, speaks Guguda whenever possible in their various activities including games and songs. Most of the children speak Aboriginal English.

Some of the mothers work, some study, and some need respite care for their children. There is a strong Aboriginal cultural focus that supports the fundamental ethos of Minya Bunhii. Even the working mothers become involved in the Indigenous cultural activities to which families and the community are invited eg for cooking kangaroo tail and damper outside in their cultural area. Other activities involving children and parents include singing, gathering and making bush medicines, and creating artefacts. They have a number of volunteers, including some who are not parents but enjoy going into the centre and being involved in cultural activities. Parents are also involved in excursions. For instance, they recently travelled to Adelaide for a Christmas pageant and parents took time off work to go with the children and stay overnight. The Minya Bunhii management committee members are all parents and/or community members. Some training offered to staff, ie workshops on programming for the staff, has also been open to parents. Some parents are employed under the Community Development Employment Program (CDEP) and so come and work at the centre several mornings per week. The Centre supports traineeships. Those trainees who have completed their course are now employed as childcare staff.

The centre has a questionnaire box for any queries or issues parents want to raise with staff. In addition, parents will let staff know if they have any concerns about their child, and vice versa. A particular staff member always travels on the bus with the children, so that person can talk briefly to a parent or leave a written message for a parent, or vice versa. The sort of concerns that parents like to ask staff (or vice versa) about a child might include health problems,

behavioural issues, and vision or hearing difficulties. There is a local Aboriginal Health Service that sees the children. This health service also checks if a child's immunisation is up-to-date, and there is a question about this on the centre's enrolment form. The Health Service undertakes particular health programs with the children eg Eating Healthy, and the Slip Slop Slap program which tries to minimise sunburn and associated skin damage.

Minya Bunhii provides a pre-kindergarten program for three-year-old Aboriginal children which enables the often shy young children to gain the necessary skills to enhance their transition (when four years old) to the mainstream preschool. Staff consider that this extra 12 months will allow the children to develop self esteem, confidence, language and social skills to put them on a par with other four-year-olds. The Minya Bunhii childcare centre is next door to the mainstream kindergarten, and the two programs share open days, a special play day and have combined staff meetings once per month. There is also an Early Learning Program (ELP) office based in the Ceduna Preschool. The coordinator there does home visits and works with newborn children through to eight-year-olds. A qualified teacher runs this program and works with children with special needs such as language delays. By request, she will come to Minya Bunhii Children's Centre to work with staff, or observe children who may have special needs. The ELP office has many toys which can be loaned out to the community or children with special needs. She also keeps track of children who have not attended preschool.

Staff at Minya Bunhii consider that they are very lucky having the support of the Aboriginal Resource Management Support Unit (ARMSU) – a part of Network SA. This Unit invites all Aboriginal services, the MACS, the three independent preschools, and Out-Of-School Hours Care services to a meeting three times per year. Participants set the agenda for each of the three meetings. Topics covered recently include the South Australian Curriculum and Standards Accountability Framework, the early brain research and its implications for service delivery, and Federal Government's broadband funding. Each of the Indigenous services pays $250 per year for membership with Network SA, entitling them to legal advice and support.

Margot Walker, who has worked in education for about 20 years, has recently started in a new position as mentor to the directors of three services: Minya Bunhii preschool, Port Lincoln Children's Service (child care and preschool) and Port Augusta (preschool for three- to five-year-olds). She supports the three directors, staff and management committees. She also helps the three services with advice and ideas on a broad range of matters such as children's programming, record keeping and other administration matters.

At Minya Bunhii, a child's experiences of kindergarten and their progress recorded by staff are discussed with parents, and each family receives at least one home visit per year from the Director. The centre has "literacy kits" and books, which the children love. These kits have information sheets for parents about how to follow up at home after particular activities. These can be borrowed overnight for parents to use as a resource together with their child. The staff have developed resources with photos (eg posters or books) which are being sold nationally. Staff also produce a newsletter that includes information to parents about topics like good nutrition and their child's education.

The Director of the centre reported that staff at the local school are commenting that the children are now much more confident, and are healthier than several years ago. As well, the children's parents are more confident to enter the classrooms at school, and are becoming increasingly better at returning forms and questionnaires. Many have been empowered through their involvement on the Centre's Management Committee.

JIRNANI CHILDCARE CENTRE (NUTRITION & FAMILY PROGRAM)

AT NGUIU ON BATHURST ISLAND (NT)

Location:	Nguiu, Bathurst Island
Population/Target Group:	1500
Particular risk issues:	Poor health – gut damage, diarrhoea, scabies, skin problems, low weight and low blood in young children.
Partner Agencies:	Tiwi Island Local Government, Strong Women Strong Babies program, school, clinic, DHAFS and FACS.
Goal/Purpose of Program:	A childcare facility that provides a family program for children and families with the emphasis on providing tools to enhance quality of life for Tiwi people of every generation.
Rationale:	To provide a long day care centre and after school care centre for children aged 0 to12 years of age.
Background information:	Originally we had a JET crèche, which was very successful, and it was from there that we sought funding for a licensed childcare centre with additional family and nutrition programs.
Basis for the program:	With the increase of families needing childcare and the poor health, it was decided that a 'one stop shop' providing a nutrition program, family program and childcare would best suit Nguiu.
Evidence supporting this type of intervention:	Community identified need eg health clinic provided a support letter identifying the common health problems for children in Nguiu – high rates of underweight, anaemia, otitis media and skin conditions.
Objectives:	· Provide long day care and after-school care for 55 children. · Provide a nutrition program that ensures children receive healthy meals at childcare and that educates the community on nutrition. · Provide a family program that educates and supports families on how to live healthy and strong.
Strategies:	· Provide regular meals at the centre with the RDI (Recommended Dietary Intake) in mind. · Provide a training room accessible to Menzies University staff who use the centre's training room fortnightly for their research projects and support for ear health. · Provide workshops and promotional material to educate families on nutrition. · Provide training opportunities for Tiwi people. · Provide employment opportunities for Tiwi people. · Provide regular health checks eg liaise with clinic, ear checks, liaise with Menzies, administer first aid. · Provide long day care and after-school care to the licensed number (55). · Provide food for a soup kitchen for the children in the community which is prepared by Tiwi for Life Workers (Part of the Tiwi Health Board). · Provide fruit for the sport and recreation centre to be distributed to the teenage children using their service.

Resources Staff:	Family services manager, nutrition program coordinator, family program coordinator, two cooks, 14 childcare staff.
Total Cost:	Approximately $300,000 and cost of initial building.
Evaluation Design: Please outline program evaluation design:	Monthly reports. The funding bodies re-assess the program for continual funding yearly. Individual workshops eg nutrition workshops are evaluated and reports written.
Time Frame How long has program been running? Outline overall time frame:	Since April 2001 ongoing
Results:	So far we have received three awards:- 1. Best Healthy Nutrition project in NT and highly commended nationally from the Heart Foundation 2. Kellogg's Local Government Awards 3. Outstanding Community Development Project from the Tidy Towns Awards 2002. There has been positive feedback from the clinic that the children regularly attending the centre are showing improvements in their health. The clinic and Menzies now refer babies and children to the childcare centre who are low weight.
Problems Encountered:	· Maintaining managers and staff. · Getting the Family program happening. · Getting parental attendance at workshops.
Key Points in Program Success:	· Extensive community consultation in planning stages · Nutrition program · Quality childcare · Ear program (in liaison with Menzies) · The friendly work environment and staff lunches provided has made the childcare centre one of the most popular places to work in Nguiu. (Currently there are 17 workers)
Recommendations:	Speak to your local rural nutritionist about potential programs. Contact FACS and DHACS for ideas on how to set up a program like this.
Acknowledgements:	· Many thanks to DHACS rural nutritionists, FACS and Strong Women Strong Babies workers in Nguiu. · This centre would not be available if it wasn't for dedicated people who fought hard to get the required funding eg Tina Vigona, Bernie McCarthy, Maureen Thompson and Cynthia Halis. These people are no longer working with the centre but we are very grateful. · We are also grateful for our recent manager Wendy Carpenter who finished her contract last year. · Thanks especially to Tiwi Island Local Government who support us.

CHILD DEVELOPMENT

EARLY INTERVENTION PARENTING PROJECT & PROGRAM AT WANJANA LIDJ CORPORATION

MORWELL, IN RURAL VICTORIA

A parenting program is described here that was part of a wider project aimed at training current service providers to run parenting programs. This program, the Early Intervention Parenting Program, is based on the successful Program for Parents delivered in 1998/99 under the Commonwealth National Parenting Initiative. This early intervention program for families aims to:

1. enhance and strengthen parental skills and emotional competencies;

2. create access to parent education and support for vulnerable families with children in the preschool age group;

3. develop targeted approaches to families who require special responses in relation to parenting from pre-birth through to school-aged children.

Two high needs regions chosen for this initiative were the La Trobe Valley Region in Eastern Victoria and the Northern Metropolitan Region of Melbourne. In the middle of 2001, a suitable coordinator was chosen for each region and funded to manage local aspects of the project. Potential parent group facilitators (from local community agencies working with families and young children) were approached by the regional coordinator to participate in the project. Several meetings were held locally during the project, including:

1. an information session for possible group facilitators;

2. a discussion between the trainers and the group facilitators about the parenting groups the facilitators hoped to run;

3. follow-up discussion(s) at which the trainers helped the facilitators with any difficulties or issues they were facing.

A number of people in each region were trained intensively and were funded to deliver appropriate parenting programs. Some unfunded participants were also trained to work with these group leaders. All worked in situations where the skills and knowledge from the training would benefit the families with whom they came into contact.

One of the projects ran in Morwell, a rural town in eastern Victoria. 2 Indigenous women connected to the Wanjana Lidj Corporation at Morwell were trained for three days by a team from Parenting Australia in Melbourne. Training was led by Constance Jenkin,

a woman with many years of experience in parenting training, and the participants also received written material and on-going support. The *Planning Happy Families – A Kit for Leaders* (1992) was used as an example of a parenting program. *A Parent's Treasure Chest: Exploring the Path to Resilience* and a folder of handouts were also provided as written resource material. Over those three days the trainers and trainee group leaders worked together to develop a program suitable for Indigenous parents.

Independent evaluation of the training of group leaders showed that the participants:

· appeared to have benefited from the opportunity to receive training to run parenting groups;

· were very satisfied with their training, which had increased their confidence in running groups;

· had made links with each other and expanded their professional networks; and

· were generally very enthusiastic about running a parenting group.

The evaluation identified five important steps involved in developing targeted approaches to families requiring special assistance in relation to parenting:

· The original approach to suitable professionals in the area through the regional coordinator and the invitation to attend an information session about the project.

· Careful selection of those to be funded and trained by the local coordinator in the region in conjunction with the project team.

· The successful training of professionals with access to vulnerable families through the services to which they are attached.

· The targeted recruiting of vulnerable parents to take part in the parent education program, which often required a personal approach through professionals known to the parents.

· A flexible and responsive approach to parent education and adaptation of the content and processes involved to suit the particular needs of these vulnerable parents.

The parenting group facilitators benefited from the training and the experience of conducting parenting groups. The skills and emotional competency of parents attending the groups have also been enhanced by their participation, and all said that they would recommend the programs to other parents. One of the groups for Koori parents was highlighted in the project's independent evaluation, and it is described below.

The parenting program was run for Aboriginal families at the Wanjana Lidj Aboriginal Family Preservation

Service in Morwell. Two female workers, Carol and Bobby, had both done the training but still felt somewhat lacking in confidence about running a group. They had no problem in recruiting parents to their program as they were well known in the area, were trusted by the Koori community, and are Kooris themselves. All the parents in the initial group were Kooris and none were married. Some participants were self-referrals while others came via other services. eight parents enrolled and all came to each night of the program with the exception of one parent who died. Although the program went for a period of 12 weeks, attendance was the most consistent of any program in the whole of the project.

The program ran one night per week from about 4.30 pm to 8 pm, and the participants were picked up and later returned home. The program took place in the kitchen of the house where it was held. Each night they started by preparing a meal together and even visitors to the program joined in and helped with simple home cooking. This participation in preparing a meal gave an additional dimension of nutrition and preparing meals to the parenting program. The group very quickly formed into a whole and had lots of fun as well as worthwhile discussion of important issues although sometimes it was difficult to talk about particularly sensitive ones.

The program covered a range of relevant issues including setting the scene, family styles, assertiveness, listening to children, sex education, loss and the grieving process, loss of land and displacement, drugs and related issues, conflict resolution, food and eating. These topics were mostly much the same as other parenting groups but there were other differences in this Koori group. There was an emphasis on keeping children safe due to the prevalence of domestic violence, sexual abuse and drug and alcohol problems. The mothers had not had much chance to learn parenting from their own mothers, and many had experienced a number of moves with their families. One of the parents said that she came to the program to understand and learn more about her children's development so she could help them more. Afterwards she ranked her enjoyment of the experience at 10 (out of 10), her satisfaction as 10, and her confidence in her parenting had risen from 7 to 10.

The facilitators devised an eight week program to start, and then ran another parenting program at the end of the first. They have continued to find various funding sources to make this program ongoing. A number of relevant service providers have met and talked with the group over the two years since the start. They have included representatives from Centrelink, a Child Support Agency, a Neighbourhood House, Child Protection, a maternal and child health nurse, Legal Aid, an alcohol and drug worker and someone on budgeting. More recently a person came

to speak on Equal Opportunity for 2 days and involved teachers and students from the local KODE (Koori Open Door Education) school, VACCA (Victorian Aboriginal Child Care Association) and Legal Aid. There have been only a few sessions without speakers, and on those occasions the group has started discussion themselves.

There have been some new participants and some have left the group, and at mid-March in 2003 there were nine adults (three of them fathers) attending along with several babies. Since then participant numbers have continued to increase. As a result of the Morwell program being so successful, and the initiative of the two workers, Wanjana Lidj Corporation has received further funding from the Commonwealth Department of Family and Community Services (FACS) for several further programs developed as off-shoots of the original. One is a program for grandparents who are caring for their grandchildren. Parenting Australia has received further FACS funding to help with a similar project in Shepparton.

Carol and two other staff, Darren and Roseanne, are now running a new two-day program for young children at the KODE school in Morwell in which each child is given a doll to be looked after and "parented" for 2 days. These young "parents" are told the amount they would receive from Centrelink as a one-off $800 payment for a parent with a new baby. The "parents" then go to a Target or K-Mart store to buy (in pretence) the equipment they would need for this baby. On the program's second day, the "parents" choose whether they will be on an average wage or a pension. They then take the appropriate amount of phoney money to spend in Coles for items such as nappies, baby food and their own food, as well as find out their probable rent, to see how much they would have left. Finally, the children discuss the whole exercise and try to consider, from their baby's point of view, how well they had cared for their babies.

NB. *Planning Happy Families – A Kit for Leaders* (1992) and *A Parent's Treasure Chest: Exploring the Path to Resilience* can be obtained from:

Australian Council for Educational Research (ACER)
Tel: 03 9835 7447
Web: www.acer.edu.au

SAVE THE CHILDREN'S FUND KINDERGARTEN

MOOROOPNA, IN RURAL VICTORIA

This service runs two preschool programs (currently with 42 children aged four to five years) and a three year old group with 18 children. Each of the preschool groups are run on two days from 9am until 2.30pm, and the three year old group runs on four days. The programs have approximately equal numbers of Indigenous and non-Indigenous children. There are four staff members: an Indigenous director and preschool teacher, an Indigenous child care worker (for the three year old group), an Indigenous assistant and a non-Indigenous assistant, and a bus driver. Funding for the preschool classes comes from the Victorian Department of Human Services and the Commonwealth Department of Education, Science and Technology (for promoting numeracy and early literacy). Indigenous children attending the preschool receive funding from the ASSPA program ("Aboriginal Student Support and Parent Awareness program"). This program also encourages improved attendance and parental involvement in decision-making (for example, having Indigenous representatives on committees).

Buses collect and return the children to their homes, and there are no fees for any of the programs for children whose parents are holders of Health Care Cards. Parents are involved in excursions, and parent days are held at the centre to encourage parents to come in. There are usually two parent days per term eg to celebrate Easter, for open days to see what their children are doing, and for family barbeques. Talks about issues like healthy eating and dental hygiene are held for parents. The centre also holds cultural days, which are open to other mainstream preschools and to Batdja preschool in nearby Shepparton. Aboriginal elders, cultural officers and educators do art and craft, and work and play with the preschool children eg with puzzles and games. The coordinator commented that some families use books at home. At preschool, the children are involved in literacy and numeracy activities, such as counting, books, games, spacial awareness, colour recognition, and what is happening in the environment. Aboriginal elders come in and tell them stories. The children make scrap books with photos of themselves.

All children can be referred to mainstream Specialist Children's Services teams. Indigenous children are referred to the Medical Centre at the Rumbalara Cooperative for concerns about behavioural problems, speech delays or problems, or other health issues such as eye or ear problems. The preschool teacher does home visits to most parents. Staff at the major hospital in the area were invited to come to the centre to talk to parents of children with behavioural problems. However, parents stated that they would attend but this did not happen.

Special programs are organised by local primary schools to help smooth the transition of preschool children to school. A bus is organised by the Koori Early Childhood Field Officer (KECFO) for parents to see the different primary schools. Parents then go to their chosen school for a meeting, with or without their child, to become familiar with the school. The children go at least three times to the school they will be attending for a half-day or full-day. Before they go to school, the children are spoken to about the roles of policemen, the lollipop lady (who helps them cross the road before and after school), and the fire brigade, to help them feel safe and more confident. Teachers at the schools consider that the children who have been to preschool settle in better to school than those children who do not go to preschool.

GOVERNANCE
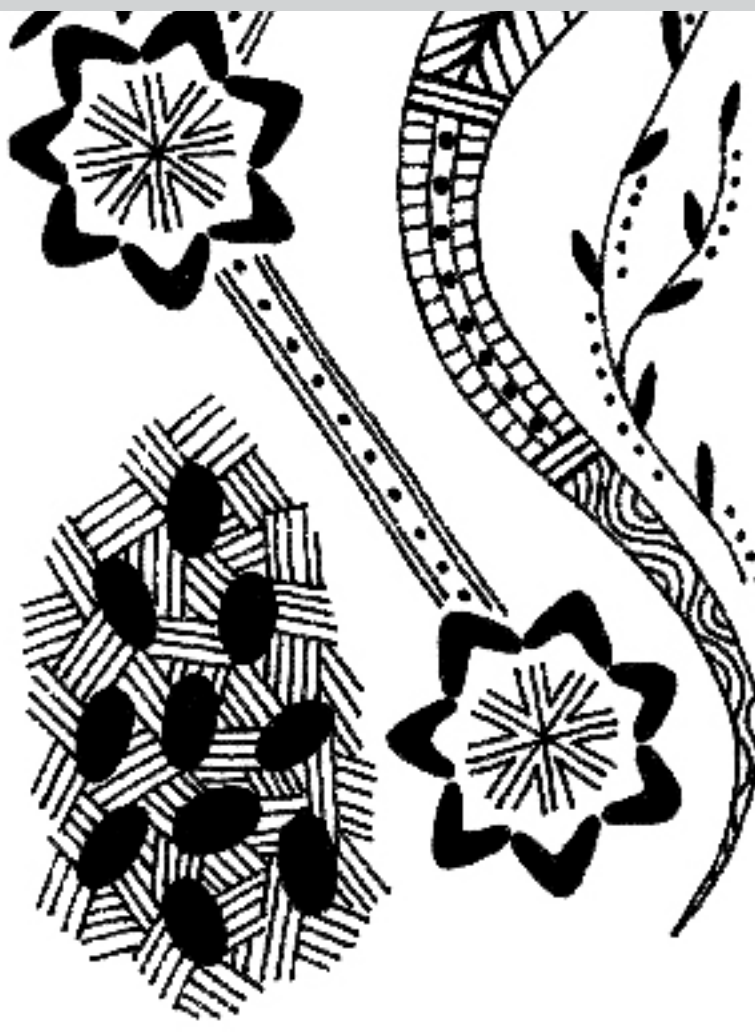
The reeds represent the growth of individuals and organisations with the information provided
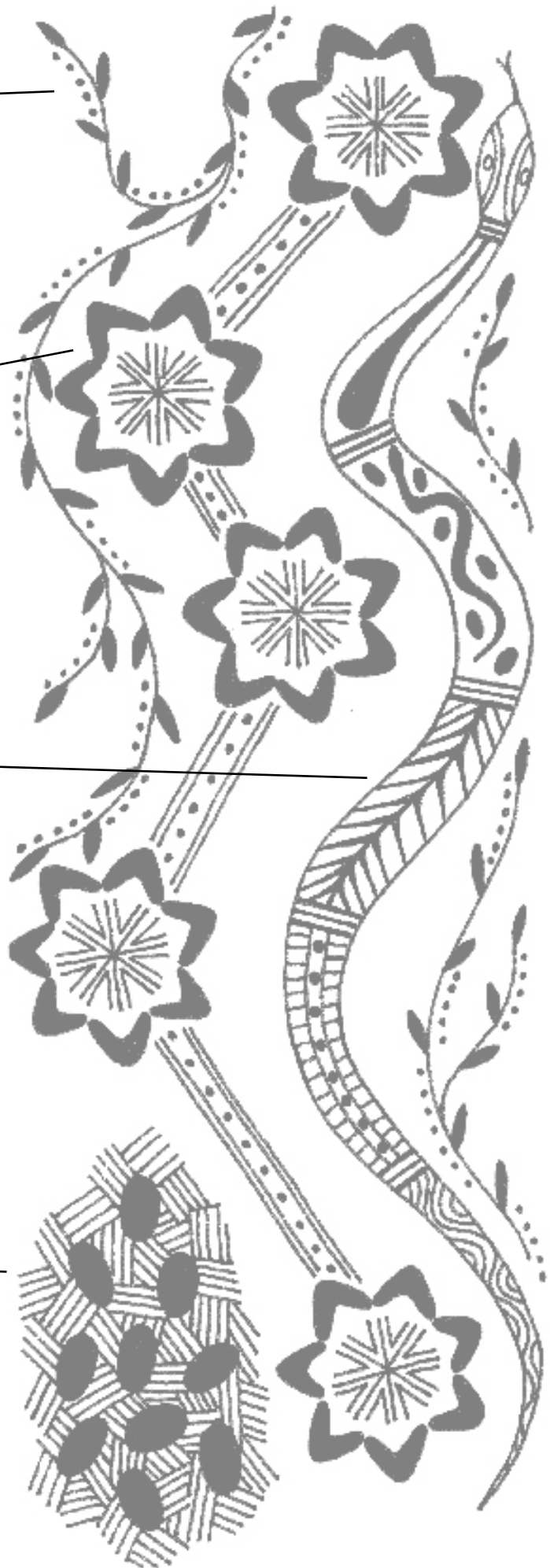
Organisations discussing and sharing information amongst themselves, then taking and sharing that information with other organisations

The serpent respresents SNAICC, the organisation and what it is made up of

The next of eggs represents the directory and the information that SNAICC can provide and outsource to these other organisations

INTRODUCTION

Governance is a very important part of any organisation. It is crucial that the people who are governing an organisation have access to up to date and relevant information so they can fulfil their responsibilities to the organisation, its members and the community as best they can.

The intention of this section is to provide essential information about the role and responsibilities of Boards and Management Committees, as well as information on where to get further assistance and support.

There are many governance resource kits that have already been produced by peak bodies and resource agencies around the country. Some are specifically for childcare services and some are generalised but can be used for any community organisation. We have reviewed some of these kits and have included a short description of each in this section.

A good governance manual will cover all aspects of the requirements of running an organisation, including clarification of roles, legal requirements, meeting procedures, problem solving suggestions, policy development processes and examples of policies, as well as financial accountability requirements.

What is Governance?

Governing an organisation involves the overseeing of the running of the organisation. The chosen Management Committee or Board of Directors as a group are responsible for the 'safekeeping' of the organisation on behalf of its members and the community, particularly in terms of making sure the organisation remains viable. Some of the aspects of the role of the Board or Committee are:

Leadership & authority

Making decisions that ensure good management practices are followed within the organisation, developing partnerships and relationships with other organisations or government representatives.

Guidance & planning

Ensuring the organisation stays viable by forward planning, developing goals and strategies that will help the organisation stay strong or grow.

Accountability

The Board or Committee are accountable to the funding body so they must oversee the financial management of the organisation. There are also legal requirements for incorporated bodies so the Board or Committee must ensure that these requirements are adhered to.

Board or Committee members are not responsible for the management or day to day running of the organisation. That is the role of the Director or Coordinator. The Director reports to the Board or Committee and is accountable to the members of the Board or Committee. Clarification of roles is discussed further in "Role of the Players". Sometimes, however, when an organisation does not have adequate funding for paid positions or there is no one in the Director's position, members of committees or boards may from time to time be required to be more hands on in the management role of the organisation.

The Board or Committee governs in a way that is in the best interests of the service. This means Board and Committee decisions and actions reflect the aims, goals, and philosophy of the organisation that in turn reflects the best interests of the people and children who use the service.

Definitions of Governance

There are varying interpretations of what "Governance" actually entails. We have offered some definitions for you to consider or adopt when thinking about or clarifying your role on a Committee or Board.

"Governance is about power, relationships and processes of representation, decision making and accountability. It is about who decides, who has influence, how that influence is exercised and how decision makers are held accountable. 'Good governance' is about creating the conditions for legitimate and capable decision making and for collective action about a community's affairs."

> Prof. Mick Dodson AM, in his speech, *Building Effective Indigenous Governance Conference,* Jabiru, NT, November 2003

"The way in which the committee of management interacts with the organisation, and provides the structure, direction and oversight for the organisation."

> Dept of Human Services, Victoria, *Good Governance Practice for Voluntary Committees of Management*, 2002

"...Governance generally refers to the processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation."

> Australian National Audit Office, 1999 in Dept of Human Services

"Governance is about upholding the purpose and efforts of an organisation, while protecting what makes the organisation special."

> Jane Oliver, Management Consultant, Footprint Directions

MANAGEMENT COMMITTEES & BOARD

Structure of the governance team

The structure of the governance team in your service may be dependent on a number of factors, including incorporation rules and how your service was formed.

For services that have a membership base, the members will vote in the group of people who will govern the organisation. This group is generally referred to in childcare services as the Management Committee, and are usually called the Board of Directors in child welfare services. Whatever name you choose for your governing group is probably just a matter of preferred terminology, but the important thing to note is that the structure you choose should reflect the needs of the service. For example, SNAICC has a National Executive as its governing group, which includes the office bearer positions. The National Executive is voted in by SNAICC members and has ultimate authority. SNAICC also has a Management Committee that is created from the pool of National Executive representatives and the Management Committee has a more hands on role in terms of the running of the organisation. SNAICC has chosen this structure because it best fits the requirements of the organisation and helps us to achieve our goals.

Once this governing group has been voted in, the group will decide who will fill their office bearer positions, i.e. Chair, Treasurer, Secretary and so on.

It is important to note that once roles have been established, there is a clear definition of delegated authority and individuals have a good understanding of the extent and limitation of their role. Some services produce "job descriptions" or "authority statements" for each office bearer position to assist in clarity of roles. There may also be an authority statement for the Committee or Board as a whole, that reflects the decision making powers and procedural requirements of the Committee or Board.

GOVERNANCE
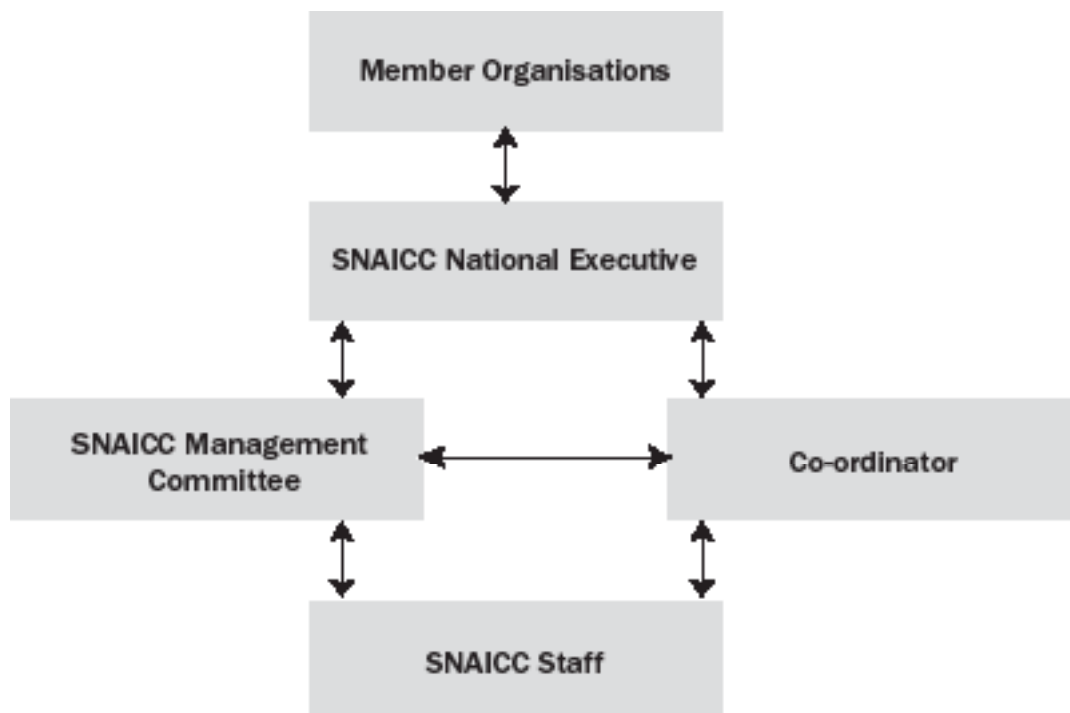
Role of the Players

All members

All members of the Committee or Board should be involved in discussions and decision making during meetings. From time to time members who are not in office bearer positions may be required to "act" in these positions or may be required to participate on subcommittees.

The role of all members of the Committee or Board is varied, but all people involved will make up the team that is required to govern the organisation. The Department of Human Services (Victoria) undertook a research project in 2002 called "Good Governance Practice for Voluntary Committees of Management" which involved talking to people on existing committees. The participants came up with the following list of tasks and activities that they undertake in their role:

- Deciding the allocation of responsibilities and delegating appropriate authority

- Setting strategy and policy, and longer term strategic planning with an annual review

- Monitoring organisational performance against the strategic plan

- Risk management

- Policy development

- Keeping up with current demands and foreseeing new trends, facilitating growth and evolution

- Keeping the organisation going

- Managing funds and ensuring the organisation is financially viable and assets are protected

- Meeting community expectations and knowing the needs of membership

- Maintaining focus, integrity and quality of service

- Overseeing legal functions and responsibilities

- Recruiting, assisting and working collaboratively with the Director/Coordinator

- Lobbying and representing members' interests with government and decision makers

- Networking and making links with other organisations

The law requires the Board or Committee to have office bearer positions filled following the Annual General Meeting, and the nomination of committee members. These officiating positions include Chairperson, (sometimes there may be a Deputy Chairperson depending on the size and needs of the organisation), Secretary, Public Officer and Treasurer.

Below is a brief description of the role of each of the office bearer positions, however sometimes you may nominate deputies or other office bearer positions depending on the workload for each person and the organisation. A more thorough description of each role can be obtained in any good Governance Resource Kit such as those we have listed later in this section.

Chairperson:

The Chairperson is usually the "leader" of the Committee or Board but also a member of the "team" that constitutes the committee. Their role is to chair committee meetings including the Annual General Meeting, and draw up the agenda in conjunction with the Secretary and/or Director of the service. The Chairperson should make sure meetings are effective and time efficient. Other responsibilities of the Chair include:

· Having a good understanding of meeting procedures

· Prioritising items on the agenda and if necessary, setting time limits for each item

· Ensuring everyone on the committee contributes to decision making and that one or two people do not dominate discussions

· Keeping the discussion on the subject at hand

· Presenting the annual report at the Annual General Meeting

· Delegating tasks and authority when required.

Treasurer

The Treasurer has responsibility for overseeing the financials of the organisation and making sure the rest of the Committee or Board are informed about the financials. Depending on the size of the organisation, it is often the accountant or bookkeeper who does the day to day accounts but they will liase with the Treasurer and Director to make sure each is aware of the financial situation. The Treasurer will be responsible for:

· Developing a budget in conjunction with the Director

· Ensuring the bookkeeper is recording income and expenses accurately

· Presenting monthly financial reports to the rest of the committee

· Working with the auditor in preparing the end of year accounts

· Presenting the end of year accounts at the Annual General Meeting.

There are some resource kits available for Treasurers of organisations that go into further detail and explain more about the Treasurer's role. We have included some in our recommendations later in this section.

Secretary

The Secretary is responsible for keeping records of the organisation such as minutes of meetings, and for dealing with any correspondence. More specifically the Secretary:

· Makes sure the agenda is drawn up and distributed

· Records the minutes of the meeting and distributes them to the Committee or Board members before the next meeting

· Keeps a copy of all the minutes in a safe, secure place

· Maintains a list of all the members of the organisation.

Public Officer

If your organisation is an Incorporated Association the Committee is required by law to have a designated Public Officer. Depending on the size of the Committee or Board and the constitution of the organisation, sometimes the Secretary will act as the Public Officer. The Public Officer is responsible for making sure any requirements of the Incorporated Associations Act are observed such as:

· Any alterations to the constitution

· Appointment of new committee or board members

· Any changes to the name of the Association.

Representing the organisation

As a member and/or office bearer, you may be required to represent the organisation. Being a representative of the organisation will require you to conduct yourself in a professional manner including speaking positively about your organisation. It is a good idea to be aware of the needs of your organisation and be able to advocate those needs when appropriate.

Rules of the organisation/ constitution

As an incorporated body, your organisation is required by law to have a Constitution. These are the rules of the organisation, sometimes referred to as regulations or articles of association.

The constitution may include the purpose, goals or aims of the organisation, but will also include things like how many Committee members you will have and which office bearer positions the organisation will include on their Committee.

The rules of the organisation should be reviewed every so often to ensure they are a reflection of the organisation's current direction.

To develop your constitution, you can obtain examples or a pro forma that can be adapted to suit your organisation through the business or consumer affairs department in your State or Territory. Some good governance manuals will also provide you with example rules.

Subcommittees

From time to time subcommittees may be formed to work on a particular task or issue. Such tasks or issues may include fundraising, policy development, or working bees.

Subcommittees usually include at least one person who is in an office bearing position, and may also include the Director or Coordinator of the service, other members of the Committee or Board, or members of the association.

It is a good idea for subcommittees to develop their Terms of Reference when commencing, which should be approved by the Management Committee or Board. The Terms of Reference could include rationale behind the subcommittee's formation, as well as time limitation of the group, and the extent of authority and decision making powers the group will have. Somebody from the subcommittee should be nominated to report back to the Management Committee or Board.

Once the subcommittee has achieved what they set out to do, the group may dissolve, or may continue depending on the nature of the group. For instance it may be necessary for a fundraising subcommittee to be a permanent group even though the people in the group may change over time. This could be a good idea so the workload is spread out and burnout can be avoided.

Meetings

Legislation requires Management Committees and Boards to have a certain number of meetings per year and one of these meetings includes the Annual General Meeting.

Meetings require planning and structure, and legally you will need to keep minutes of the meetings held. A good governance resource manual will include details on how to plan and structure your meetings as well as information on how to write up minutes.

The Community Child Care Co-operative Limited in New South Wales produces a series of booklets for Management Committees. The second booklet in the series is called "*Better Meetings*" and offers the following list as "Good Meeting Criteria":

Planning & Preparation

- Set all dates, times, places at the beginning of the year
- Develop a committee contact list
- Organise an agenda
- Send minutes out before the next meeting
- Make sure reports are ready and organised
- Special information needed for decisions is available
- Childcare/transport organised
- Refreshments
- Security/lock up arrangements

The Meeting

- Welcome to participants
- Good chairing
- Clear decision-making process
- Starts on time
- Everyone is able to be involved
- Minutes taken
- Finishes on time

Follow Up

- Write up minutes and send out
- Circulate action sheets
- Take action as agreed
- Prepare any information or reports for the next meeting

THE ORGANISATION

Role of Director/Coordinator

The Committee or Board is responsible for policy and overall management decisions. The Director (who is sometimes called the Coordinator) is responsible for implementing those decisions.

The Director is the link between staff and Management Committee and is responsible for the day to day running of the organisation. Other responsibilities include:

· Supervision of staff

· Staff induction, development and evaluation

· Ensuring that licensing requirements are adhered to

· Supervision of wages and staff records

· Implementing staff practices and procedures

· Ensuring award conditions are adhered to

> VAEAI, *Guide for Management,* Pg 21

Role of staff

Staff are accountable to the Director and must ensure they adhere to the policies and procedures of the organisation.

Before commencing employment, staff are provided with a job description and duty statement which outlines all of the duties expected to be performed by staff. Staff must fulfil the expectations of the job description but it is the Director who must evaluate the performance of staff and ensure staff are fulfilling their duties.

Philosophy and goals

The philosophy reflects the values, attitudes and beliefs of the organisation and summarises the purpose of the service. The philosophy is the foundation on which the organisation builds its goals, policies and procedures.

The philosophy and goals should be relevant to everyone involved with the service so it may be a good idea to include everyone in the development of the statement that reflects the organisation's philosophy and goals. This can be done by having a brain-storming session with everyone involved with the service.

Policies and procedures of the organisation

Once you have established your organisation's philosophy and goals, policies and procedures should be developed that reflect the statement you have made about your service.

The majority of resource kits we have listed later in this section have examples of policies and procedures included. It is a good idea to think of policies as a set of guidelines for your organisaiton, but remember as your service changes over time, it is a good idea to review and evaluate your policies to ensure they are still relevant.

Some policies you should have will be required to ensure your organisation adheres to its legal responsibilities. Examples of this are:

· Occupational Health & Safety

· Equal Opportunity

· Confidentiality & Privacy

· Financial management.

Other policies will play a supportive role to your philosophy and goals, and assist management and staff to work in a manner that is consistent with such. These policies will provide staff with guidelines for how they should work. For example you may have policies that include:

· Children's programming (Routines, play equipment, planning, evaluation etc)

· Communication with parents

· Biting policy

· Fees policy

· Staffing & volunteers

· Nutrition policy.

When the organisation has established its policies, it is important to establish a policy manual and ensure all staff and management have read and understand the policies and procedures, particularly when you have new people commencing at the service.

It is also important that parents and caregivers have access to your policies and procedures manual, or at least a booklet that provides them with information about the service.

Financial responsibilities

The Management Committee is responsible for the overall financial governance of the organisation which includes reporting to funding bodies and ensuring the service remains financially viable. It is therefore important the Board have a very good understanding of the current financial situation of the organisation at all times.

The Director is responsible for the day to day management of funds and, together with the Treasurer, will report back to the Board in regards to the financial situation of the organisation.

Because of the different roles in relation to the financial management of the organisation, it is important to be clear about the responsibilities of each party, and to ensure these responsibilities are documented and understood. Many governance manuals will provide information on the specific financial responsibilities for Board members, as well as examples of financial policies and how to establish a budget.

Financial reports should be clear and able to be understood by everybody. The Treasurer must ensure monthly reports are available to be presented to the Board at the next meeting.

Accountability to funding body

It is a requirement of your funding agreement to report on the financial status of the organisation to your funding body. This will include how funds provided by the funding body have been dispersed. Usually the funding body will give you the forms you must complete and will have a set date by which these must be completed and returned.

Developing and managing a budget

The budget is probably the most important financial tool you will need to develop and use throughout the year. The planning stages of developing a budget are very important and there are some key considerations such as anticipated fee collection and expenses involved in running the service which must be included in the planning.

If you are having difficulties developing your budget it is a good idea to get help from a bookkeeper or accountant, your funding body, or purchase a comprehensive financial management resource manual. Some good governance manuals may have references on how to develop and maintain your budget (check the manuals SNAICC have reviewed in this section).
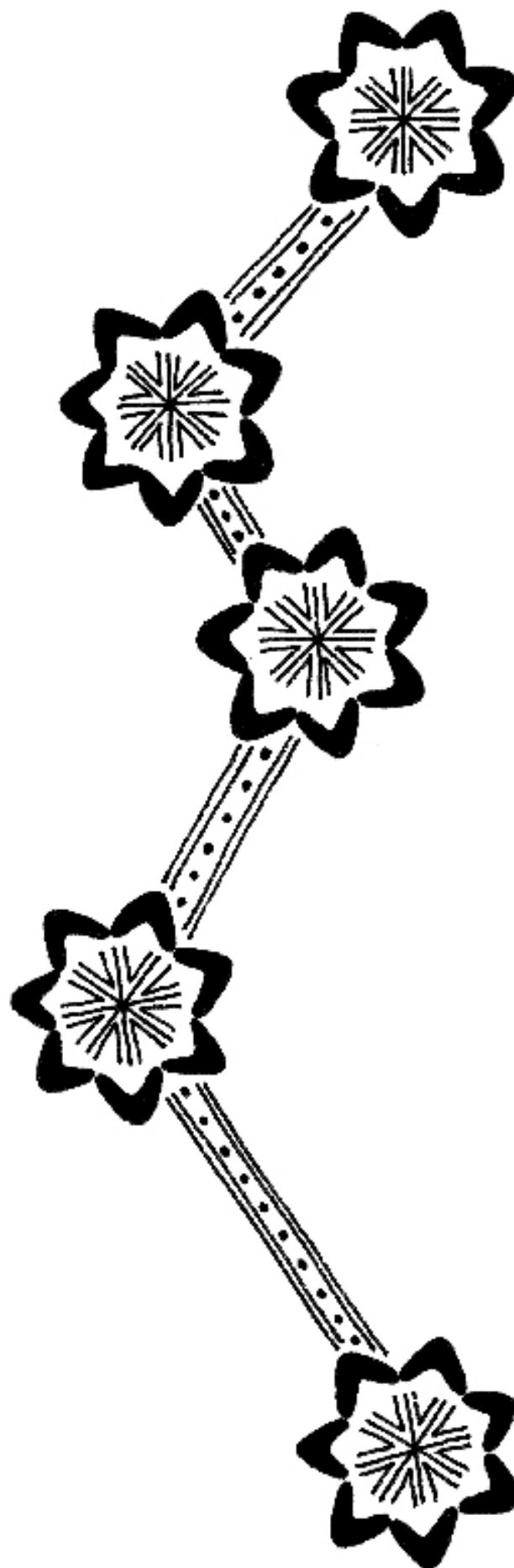
LEGISLATION

What is legislation?

Legislation is law that has been developed, approved and implemented by Government. Usually, there is quite a lengthy process before a new Act is implemented as the new law must pass through all houses of Government before being enacted. Legislation is created to develop laws for specific purposes and to govern the way we live and work. Legislation is also known as a "statute or Act".

The Commonwealth has separate legislation to the States and Territories, so depending on where you are located, you will need to consider both the Commonwealth and State legislation that applies to your organisation.

Also, there will be different types of legislation applicable to your service depending on the structure of your organisation (e.g. incorporated body, co-operative, or company). It is important to familiarise yourself with the legislation that applies to your organisation so that you can adhere to your legal obligations.

The list of Commonwealth, State and Territory legislation below is not exhaustive, and you should obtain advice from your funding body or legal advisors in regards to all laws applicable to your organisation.

Regulations

Regulations are rules or by-laws that compliment legislation and are developed to assist in the administration of legislative Acts. There may be regulations that apply to child care service licensing in your State or Territory so it is important to have an awareness of the regulations applying to your service.

Commonwealth legislation

Examples of national legislation that may apply to all organisations include:

- Corporations Act 2001
- Aboriginal Councils and Associations Act 1976
- Privacy Act 1988
- Workplace Relations Act 1996.

Copies of Commonwealth legislative Acts can be found online at www.scaleplus.law.gov.au.

State & Territory legislation

Please note: The legislation and regulations listed below are an example of the laws and rules applying to child care services at the time this manual was produced. Please go to the relevant website and/or seek advice regarding the most recent laws and rules.

Australian Capital Territory

(www.legislation.act.gov.au)

These are some of the laws applying to services in the ACT:

- Children & Young Persons Act 1999
- Community & Health Services Act 1985
- Cooperatives Act 2002
- Discrimination Act 1991
- Occupational Health & Safety Act 1989.

New South Wales

(www.legislation.nsw.gov.au)

These are some of the legislation and regulations applying to services in NSW:

- Anti-Discrimination Act 1977
- Associations Incorporation Act 1984
- Children's Services Regulation 2004
- Children & Young Persons (Care & Protection) Act 1998
- Industrial Relations Act 1996
- Occupational Health & Safety Act 2000
- Workplace Injury Management & Workers Compensation Act 1998.

Northern Territory

(www.nt.gov.au)

Some of the legislation and regulations that apply in the NT include:

- Anti-Discrimination Act (& Regulations) 2004
- Associations Act 2004
- Co-operatives Act 2001
- Community Welfare (Child Care) Regulations 1996
- Work Health Act 2004.

Queensland

(www.legislation.qld.gov.au)

Some of the legislation and regulations that could apply in Queensland include:

- Child Care Act 2002
- Child Care Regulations 2003
- Co-operatives Act 1997
- Anti-Discrimination Act 1991
- Associations Incorporations Act 1981.

South Australia

(www.parliament.sa.gov.au)

These are some of the legislation and regulations applying to child care centres in South Australia:

- Children's Services Act 1985
- Children's Services (Child Care Centre) Regulations 1998
- Associations Incorporation Act 1985
- Cooperatives Act 1997
- Equal Opportunity Act 1984.

Tasmania

(www.thelaw.tas.gov.au)

Some of the legislation and regulations that apply in the Tasmania include:

- Anti-Discrimination Act 1998
- Associations Incorporation Regulations 1997
- Child Care Act 2001
- Cooperatives Act 1999.

Victoria

(www.dms.dpc.vic.gov.au)

These are a few of the legislative acts applying to child care centres in Victoria:

- Children's Services Act 1996
- Children's Services Regulations 1998
- Occupational Health & Safety Act 2004
- Children & Young Persons Act 1996
- Cooperatives Act 1996.

Western Australia

(www.slp.wa.gov.au)

These are some of the laws applying to services in Western Australia:

- Associations Incorporations Act 1987
- Children & Community Services Act 2004
- Equal Opportunity 1984
- Occupational Safety & Health Act 1984.

RESOURCES

National Children's Services Peak Bodies

Secretariat of National Islander Child Care Inc.

Phone: (03) 9489 8099
Fax: (03) 9489 8044
Website: www.snaicc.asn.au
Email: snaicc@vicnet.asn.au

Early Childhood Australia Inc

Phone: (02) 6242 1800 or 1800 356 900
Fax: (02) 6242 1818
Website: www.earlychildhoodaustralia.org.au
Email: eca@earlychildhood.org.au

National Child Care Accreditation Council

Phone: (02) 8260 1900
Fax: (02) 8260 1901
Website: www.ncac.gov.au
Email: qualitycare@ncac.gov.au

The National Family Day Care Council of Australia

Phone: (02) 4324 4853
Fax: (02) 4324 7882
Website: www.familydaycare.com.au
Email: nfdcca@familydaycare.com.au

Playgroup Australia Inc

Phone: (02) 9609 7200
Fax: (02) 9606 7200
Website: www.playgroupaustralia.com.au
Email: eo@playgroupaustralia.com.au

State Based Children's Services Peak Bodies

Community Child Care Cooperative Ltd (NSW)

Phone: (02) 9560 4771
Fax: (02) 9560 4781
Website: www.ccccnsw.org.au
Email: info@ccccnsw.org.au

Country Children's Services Association of NSW Inc

Phone: (02) 4782 1470
Fax: (02) 4782 4425
Website: www.ccsa-nsw.asn.au
Email: office@ccsa-nsw.asn.au

Aboriginal Child, Family and Community Care State Secretariat (NSW)

Phone: (02) 9264 0088
Fax: (02) 9264 0090
Website: www.aboriginalsecretariat.org

Mobile Children's Services Association of NSW Inc

Phone: (02) 4958 7888
Fax: (02) 4958 7888
Email: mrsansw@acay.com.au

NT Branch Early Childhood

Phone: (08) 8948 0209
Fax: (08) 8948 0802
Email: eca@octa4.net.au

Playgroup Association of NT Inc

Phone: (08) 8945 7775
Fax: (08) 8927 0608
Email: playgroupnt@octa4.net.au

Queensland Association of Community Based Children's Services

Phone: (07) 3832 1265
Fax: (07) 3832 4119
Website: www.qcoss.org.au
Email: Francess@qcoss.org.au

Queensland Branch – Early Childhood Association

Phone: (07) 3891 6888
Fax: (07) 3891 6866

Playgroup Queensland

Phone: (07) 3368 2622
Fax: (07) 3367 2522
Email: info@playgroupqld.com.au

Association of Child Care Centres of South Australia

Fax: (08) 8351 1488
Email: accsa@internode.on.net

SA Association of Community Based Child Care Centres Inc

Phone: (08) 8302 4657
Fax: (08) 8302 4663
Email: mccc@senet.com.au

SA Association of Community Based Children's Services

Phone: (08) 8231 0941
Fax: (08) 8231 0949

Early Childhood Association Inc – Tasmania
Phone: (03) 6225 3954
Fax: (03) 6225 3898
Website: www.earlychildhood.org.au

Community Child Care Association (VIC)
Phone: (03) 9486 3455
Fax: (03) 9486 3271
Website: www.cccinc.org.au
Email: recept@cccinc.org.au

Playgrouping Victoria
Phone: (03) 93888 1599
Fax: (03) 9380 6733
Website: www.playgroup.org.au
Email: pgvic@playgroup.org.au

Early Childhood Association – Victoria
Phone: (03) 9427 8474
Fax: (03) 9427 0018
Website: www.earlychildhood.org.au
Email: ecavic@earlychildhood.org.au

Playgroup of WA Inc
Phone: (08) 9228 8088Fax: (08) 9228 3203
Website: www.playgroupwa.com.au
Email: admin@playgroupwa.com.au

Council of Social Services

Australian Council Of Social Services
Phone: (02) 9310 4844
Fax: (02) 9310 4822
Website: www.acoss.org.au
Email: acoss@acoss.org.au

ACT Council of Social Service Inc
Phone: (02) 6248 7566
Fax: (02) 6247 7175
Website: www.actcoss.org.au
Email: actcoss@actcoss.org.au

NSW Council Of Social Services
Phone: (02) 9211 2599
Fax: (02) 9281 1968
Website: www.ncoss.org.au
Email: info@ncoss.org.au

Northern Territory Council of Social Service
Phone: (08) 8948 2665
Fax: (08) 8948 4590
Email: ntcoss@arafura.net.au

Queensland Council Of Social Services
Phone: (07) 3832 1266 or 1800 651 255
Fax: (07) 3832 4119
Website: www.qcoss.org.au
E-mail: qcoss@qcoss.org.au

South Australian Council Of Social Services
Phone: (08) 8226 4111
Fax: (08) 8226 4144
Website: www.sacoss.org.au
Email: sacoss@sacoss.org.au

Tasmanian Council Of Social Services
Phone: (03) 6231 0755
Fax: (03) 6223 6136
Website: www.tascoss.org.au
Email: admin@tascoss.org.au

Victorian Council Of Social Services
Phone: (03) 9654 5050
Fax: (03) 9654 5749
Website: www.vcoss.org.au
Email: vcoss@vcoss.org.au

Western Australian Council Of Social Services
Phone: (08) 9420 7222
Fax: (08) 9486 7966
Website: www.wacoss.org.au
Email: info@wacoss.org.au

Resource, Education & Research Agencies

New South Wales

Children's Services Resource & Advisory Program ACT Inc
Phone: (02) 6295 3800
Fax: (02) 6295 0955
Website: www.rap-act.com.au
Email: admin@rap-act.com.au

Aboriginal Early Childhood Services Support Unit
Phone: (02) 9319 4800
Fax: (02) 9319 6105
Website: www.aecssu.org.au
Email: director@aecssu.org.au

Lady Gowrie Child Centre (Sydney)
Phone: (02) 8345 7260 or 1800 678 677
Fax: (02) 9313 7022
Website: www.gowrie-sydney.com.au
Email: grc@gowrie-sydney.com.au

The NSW Childcare Inclusion Support Service
Phone: (02) 9550 2093
Fax: (02) 9565 4092
Email: inclusion.snss@gowrie-sydney.com.au

Early Childhood Training & Resource Centre
Phone: (02) 4225 1866   Fax: (02) 4225 1898
Website: www.ectarc.com.au
Email: info@ectarc.com.au

Northern Territory

The Gowrie – NT
Phone: (08) 8948 5323
Fax: (08) 8948 5302
Website: www.gowrie-nt.com.au
Email: info@gowrie-nt.com.au

Children's Services Support Program (Central Australia)
Phone: (08) 8953 4059
Fax: (08) 8952 2520
Email: csspmanager@bigpond.com

Queensland

Indigenous Children Services Unit (Townsville)
Phone: (07) 4723 4088
Fax: (07) 4723 4066
Website: www.gcoss.org.au
Email: icsu@ballyhoo.com.au

The Gowrie (Qld) Inc
Phone: (07) 3252 9971
Fax: (07) 3252 4485
Website: www.gowrie-brisbane.com.au
Email: office@ladygowrie.com.au

C and K (Creche and Kindergarten Association)
Phone: (07) 3552 5333
Fax: (07) 3856 5340
Website: www.candk.asn.au

QCOSS Child Care Management Training & Support Unit
Phone: (07) 3832 1266
Fax: (07) 3832 4119
Website: www.qcoss.org.au
Email: qcoss@qcoss.org.au

South Australia

Network SA - Aboriginal Resource & Management Support Unit
Phone: (08) 8445 8128
Fax: (08) 8268 8065
Website: www.networksa.org.au
Email: armsu@networksa.org.au

The Gowrie Training & Resource Centre
Phone: (08) 8234 5219
Fax: (08) 8234 5850
Website: www.gowrie-adelaide.com.au
Email: train@gowrie-adelaide.com.au

Inclusion SA – South
Phone: (08) 8358 2299
Fax: (08) 8358 2199
Email: inclusionsa@inclusionsa.org.au

Inclusion SA – North
Phone: (08) 8165 2900
Fax: (08) 8165 2911
Email: incsanorth@ozemail.com.au

Tasmania

Lady Gowrie Tasmania
Phone: (03) 6230 6800   Fax: (03) 6230 6833
Website: www.gowrie-tas.com.au
Email: training@gowrie-tas.com.au

Victoria

Victorian Aboriginal Education Association Inc
Phone: (03) 9416 3833
Fax: (03) 9416 3255
Website: www.vaeai.org.au
Email: vaeai@vaeai.org.au

Lady Gowrie Child Centre (Melbourne) Inc
Phone: (03) 9347 6388
Fax: (03) 9347 7567
Website: www.gowrie-melbourne.com.au
Email: info@gowrie-melbourne.com.au

Centre for Community Child Health
Phone: (03) 9345 5297
Fax: (03) 9345 5900
Website: www.ecconnections.com.au

The Queen Elizabeth Centre
Phone: (03) 9549 2777
Fax: (03) 9549 2779
Website: www.qec.org.au
Email: theqec@qec.org.au

Playworks Resource Unit
Phone: (03) 9500 8133
Fax: (03) 9500 8966
Website: www.home.vicnet.net.au/-playwork
Email: playwork@vicnet.net.au

Western Australia

Children's Services Support Unit WA Inc
Phone: (08) 9355 1892
Fax: (08) 9361 6391
Website: www.cssu.org.au
Email: information@cssu.org.au

The Gowrie WA
Phone: (08) 9450 5433
Fax: (08) 9313 1827
Website: www.gowrie-wa.com.au
Email: info@gowrie-wa.com.au

Meerilinga Training College
Phone: (08) 9489 4022   Fax: (08) 9489 4033
Website: www.meerilinga.org.au
Email: mtc@meerilinga.org.au

GOVERNANCE

Government Departments & Websites

ACT - Office of Child Care
Phone: (02) 6207 1114
Fax: (02) 6207 1128
Website: www.decs.act.gov.au

NSW – Department of Community Services
Phone: (02) 9716 2100
Fax: (02) 9716 2101
Website: www.community.nsw.gov.au

NT – Department of Health & Community Services
Children's Services Unit
Phone: (08) 8999 2619
Fax: (08) 8999 2833
Website: www.nt.gov.au

QLD – Department of Communities
Phone: (07) 3224 4225
Fax: (07) 3224 4755
Website: www.families.qld.gov.au/childcare
Email: mailbox@families.qld.gov.au

SA – Department of Education & Children's Services
Phone: (08) 8226 0077
Fax: (08) 8226 1815
Website: www.in.decs.sa.gov.au

TAS – Department of Education
Child Care Unit
Phone: (03) 6233 5976
Fax: (03) 6233 6042
Website: www.childcare.tas.gov.au

VIC – Department of Human Services
Phone: (03) 9616 7777
Fax: (03) 9616 8458
Website: www.dhs.vic.gov.au/commcare
Email: community.care@dhs.vic.gov.au

WA – Department for Community Development
Phone: (08) 9431 8888
Fax: (08) 9431 8866
Website: www.fcs.wa.gov.au
Email: ccluinfo@fcs.wa.gov.au

Registrar of Aboriginal Corporations
Phone: 1800 622 431
Website: www.orac.gov.au

Department of Family & Community Services
Switchboard Toll Free: 1300 653 227
Website: www.facs.gov.au
Email: facs.internet@facs.gov.au

This section of the FaCS website has heaps of information for child care services: www.facs.gov.au/internet/facsinternet.nsf/childcare/

The following website has information for community based organizations and links to other useful websites with information about managing children's services and the processes to follow when starting up a new centre: www.community.gov.au

Fundraising

There are rules and laws regulating how fundraising can occur and who is eligible to fundraise. It is a good idea to check your State or Territory laws in regards to fundraising.

Australian Capital Territory

City Rangers
Phone: (02) 6207 7132
Fax: (02) 6207 7133
Website: www.act.gov.au
Email: city.rangers@act.gov.au

New South Wales

Department of Gaming & Racing
Phone: (02) 9995 0300
Fax: (02) 9995 0611
Website: www.dgr.nsw.gov.au
Email: info@dgr.nsw.gov.au

Queensland

Office of Fair Trading
Phone: 1300 658 030
Fax: (07) 3119 0219
Website: www.fairtrading.qld.gov.au
Email: BrisbaneOFT@dtrft.qld.gov.au

South Australia

Revenue SA, Lottery & Gaming
Phone: (08) 8226 9755
Fax: (08) 8226 9752
Website: www.revenuesa.sa.gov.au/lag/collectliccharit.html
E-mail: lottery@saugov.sa.gov.au

Tasmania

Justice Tasmania, Consumer Affairs and Fair Trading
Phone: 1300 654 499
Fax: (03) 6233 4882
Website: www.justice.tas.gov.au/ca
Email: consumer.affairs@justice.tas.gov.au

Victoria

Consumer Affairs Victoria
Phone: 1300 558 181
Fax: (03) 9627 6005
Website: www.consumer.vic.gov.au/cbav/
fairsite.nsf/pages/of_fund
E-mail: consumer@justice.vic.gov.au

Western Australia

Department of Consumer and Employment Protection
Phone: 1300 304 054
Fax: (08) 9282 0856
Website: www.docep.wa.gov.au/charities
Email: consumer@docep.wa.gov.au

These organisations can assist in fundraising endeavours.

The Fundraising Institute of Australia
Phone: (02) 9411 6644
Fax: (02) 9411 6655
Website: www.fia.org.au
Email: admin@fia.org.au

Greenpeace
Website: www.greenpeace.org.au/getactive/
guide/funds.html

Philanthropy Australia
Website: www.philanthropy.org.au

Offers a number of products and services to grantseekers, including The Australian Directory of Philanthropy, your first tool in the search for funding, Grantseeker Workshops and a comprehensive resource centre.

Taxation

Australian Taxation Office
Website: www.ato.gov.au

Legal Information - Contacts

National Aboriginal & Torres Strait Islander Legal Services Secretariat
Phone: (07) 3211 3522
Fax: (07) 3211 3234

Australian Law Online
Freecall: 1800 050 321
Web: www.law.gov.au

Australian Legal Information Institute (AUSTLII)
Website: www.austlii.edu.au

Awards & Industrial Relations

To facilitate agreement making between employers and employees or organisations of employees about wages and conditions of employment:

Australian Industrial Relations Commission
Web: www.airc.gov.au

For information about the Award wages and conditions that apply in your State or Territory go to www.wagenet.gov.au and follow the links or ring the relevant office:

ACT WageLine
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 363 264

NSW WageLine
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 363 264

NT WageLine
Hours 8:30am – 4:30pm Monday–Friday, local time
Phone: 1300 363 264

Queensland WageLine
Hours 8:00am – 4:45pm Monday–Friday, local time
Phone: 1300 369 945

SA WageLine
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 365 255

WageLine Tasmania
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 363 264

Victoria WageLine
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 363 264

WA WageLine
Hours 8:30am – 5:00pm Monday–Friday, local time
Phone: 1300 655 266

GOVERNANCE

REVIEW OF GOVERNANCE RESOURCE MANUALS

Below is list of governance resource manuals that SNAICC has reviewed. There is a brief description of each manual as well as the list of contents for each one. The first group of manuals reviewed have been developed by childcare services for childcare services. Further below are good governance manuals that can be applied to any community based organisation. SNAICC has in our office, a hard copy of all the "paper" manuals, and has thoroughly reviewed the online manuals that are listed below.

VAEAI (Victoria) – "Guide for Management: Aboriginal Child Care Services"

This guide comprises of one booklet only (as opposed to being a series of booklets) that is very comprehensive. The booklet covers most aspects of Management Committee structure as well as staff and employment issues, policy development and codes of conduct. There are examples of policies within the booklet that can be adapted by services.

Established services or those who are starting from scratch can use the booklet. It also provides info for people who are interested in joining a committee.

This resource, although produced in Victoria, does not go into too much detail about specific Victorian resources or applicable legislation. It has been kept broad, so could easily be adapted as a national resource.

Main table of contents include:

· Why join a Management Committee?

· Management structures

· The functions of management

· Who is on the Committee

· Elected office bearers, their roles and responsibilities

· Management Committee meetings including common problems & solutions

· Staffing including examples of position descriptions, aims & purposes of centre

· Policy section including goals, philosophy, policy development & evaluation

*   Specifically produced for Aboriginal child care services.

Contact VAEAI for details of availability and cost.

Phone: (03) 9416 3833
Website: www.vaeai.org.au

Community Child Care Co-operative Ltd (NSW) – Series of booklets

A series of booklets produced in 1999 as a guide to good management practice for the committee and staff of children's services. Whilst the series refers to Federal and NSW laws and regulations each booklet addresses issues arising around the whole of Australia.

Current booklets in the series are:

1. Effective Committees

2. Better Meetings

3. Successful Planning

4. Selecting Staff

5. Managing Staff

6. Staffing and the law

7. Understanding finances

8. Managing and delivering early childhood services for children with a disability

*   Not Indigenous specific

Cost: $11 – $20 each plus postage

Phone: (02) 9560 4771
Website: www.ccccnsw.org.au
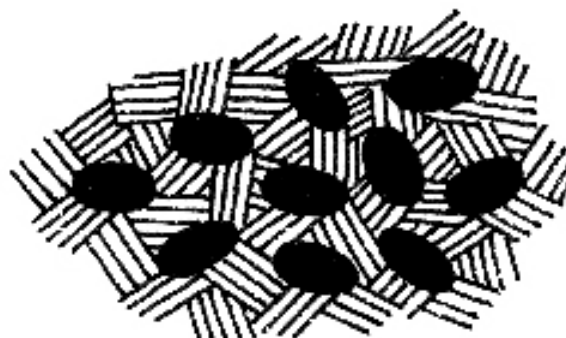
Network S.A. – "Community based management in childcare"

Revised in May 2000, this resource is a handbook for Directors and Management Committees of child care centres. It is quite a detailed resource that would be suitable for both established services and those starting from scratch. The contents are divided into 18 chapters and appendices. The manual includes examples of agendas, policies, position descriptions, minutes, and a list of typical acronyms used in the early childhood sector. There is also a very comprehensive list of resource organisations, government departments and useful contacts including a relevant list for nearly every chapter.

The specific content of this manual is very much directed to services located in SA. The general content would be useful to any service, but obviously not the list of contacts or references to the State based legislation.

The list of contents includes:

1. What is child care? – talks about different types, priority of access and local resource contacts.

2. Community based management, the Associations Incorporation Act 1985

3. Roles and responsibilities of Management Committee & the Director

4. Defining your community and client base

5. Advertising and promoting your service

6. Preparing for your AGM – including timelines of things to do, inviting guest speakers and recruiting new members

7. New Management Committee issues – orientation, planning ahead, staff representative and resources

8. Meeting procedures and the different types of meetings you might hold

9. Office bearers & their roles and responsibilities

10. Sub-committees – different types and their roles

11. Financial management – developing a budget, financial reporting

12. Staffing – including selection process, EEO, inductions etc

13. Policy development, evaluation and examples of policies

14. Issues – dealing with conflict, organisational relationships, and where to get support

15. Useful departmental contacts including ATO, industry awards, EEO, Incorporation, OH&S, Workcover, Unions

Cost: $27 plus postage

Phone: (08) 8445 8128
Website: www.networksa.org.au

Somerville Community Services Inc (NT) – "Practical Policies and Procedures for Child Care Services"

A comprehensive set of policies, procedures and samples of forms that can be adapted by any child care centre. Some of the policies and procedures included in the book are:

·   Behaviour guidance

·   Equal opportunity

·   Emergencies procedures

·   Parent involvement

·   Social & Cultural diversity

·   Developmental assessments

·   Observational records

·   Program evaluation

·   Nutrition, health and safety

·   Human resources including staff recruitment, development

    *   This book does not include any governance information & is purely policies and procedures.

Cost: $25 (includes postage and handling)

Phone: (08) 8945 1533
Email: scs@somerville.org.au.

Kindergarten Parents Victoria (KPV) – "Employer Management Manual 2003"

This is one of the manuals that KPV produce for governance and management of services. Throughout the manual there are instructions to contact KPV if you are unsure or concerned about anything in your service, so it is definitely aimed at KPV members. The manual is very extensive in content and I would say almost overwhelming when first opened! There are ten sections to this manual with appendices included in each section. The appendices are generally samples of forms and policies and procedures. The ten sections include:

1. How to use the manual

2. Committee structure including the roles and responsibilities of each office bearer

3. Meeting procedures

4. Committee as Manager (financial management, licensing issues, restructuring, fundraising etc)

5. Committee as Employer (Workcover, work performance issues, EEO etc)

6. Staff conditions and employment

7. Performance management & professional development

8. Staff recruitment (appendices includes position descriptions)

9. Management options for preschools (different models of management)

10. Resources (this section contains a current copy of the Victorian award and the rest is empty so services can build up their own resources)

Cost: $55 plus $9.90 p&h. KPV members only.

Phone: (03) 9489 3500
Website: www.kpv.org.au

KPV – "Model Policy Kit 2001"

Another of the manuals produced by KPV, this one goes into further detail in regards to policies and procedures for preschool and childcare centres. Apart from including all of the policies required for running a centre, it also has explanation of the processes of policy development and information about evaluation. It is quite good but does not include anything about governance. The policy samples included in the kit are:

· Asthma

· Behaviour guidance

· Complaints

· Delivery & collection of children

· Enrolment

· Excursions

· Fees

· HIV/AIDS& hepatitis

· Hygiene and food safety

· Illness and emergency care

· Inclusion of children with additional needs

· Nutrition

· Parental access and involvement

· Qualified staff

· Sun protection

Cost: KPV members $38.50, non-members $99, plus $9.90 p&h.

Phone: (03) 9489 3500
Website: www.kpv.org.au

KPV – "Treasurer's Manual 2001"

Another one by KPV and has detailed information on managing the financials of the service. The sections covered in this manual are;

· Financial management including reporting and the role of the Treasurer

· Developing budgets and cash flow forecasts

· Tax issues including GST, ABN, PAYG, charitable status etc

· Different sources of income grants, fees, fundraising

· Expenses

· Financial management of employees

· Financial records

· Reports and accountability

There is also a glossary that explains financial terms, abbreviations and acronyms which is very useful especially for those who have little experience in dealing with finances.

Cost: KPV members $38.50, non-members $99 plus $9.90 p&h.

Phone: (03) 9489 3500
Website: www.kpv.org.au

Country Children's Services Association of NSW Inc – Members Handbook

CCSA's Members' Handbook covers all aspects of early childhood service management. Members and subscribers automatically receive a copy of this valuable resource when they join the Association (cost for membership is $322). Second copies are available to members and subscribers for $93.00 (incl. GST).

Up-dates to the handbook, including industrial and award variations, are regularly supplied to ensure that the handbook is always current. These updates are distributed to members via the Association's newsletter, Early Childhood News.

The following topics are covered in the CCSA Members Handbook:

Information on the CCSA

· Telephone and Address Index of CCSA Councillors

· Strategy Statement

· Services offered by CCSA

· Children's Services Profiles

Legal Responsibilities

- Licensing of Children's Services
- Regulations
- Funding
- Accountability
- Incorporation
- Fundraising
- Retention of Records

Management

- Responsibilities of Management Committees
- Roles of the Committee; (President, Vice President, Treasurer, Secretary)
- Meeting Procedures; (Sample Agenda, Role of the Chairperson, Minutes)
- Policy Formulation
- Insurance
- Inspection and Accident Reporting forms

Financial Management

- Committee Responsibilities
- Budgeting
- Bank Accounts
- Record Keeping
- Wages (Payroll & Employee Records)
- Taxation

Employer Responsibilities

- Recruitment and Employment of Staff (Interview Processes, Appointments)
- Employment Agreements
- Job Sharing
- Employee or Contractor
- Legal Responsibilities of Employers
- Unsatisfactory Work Performance
- Unfair Dismissal

Industrial Legislation

- Industrial Relations Act 1996
- Annual Holidays Act 1944
- Long Service Leave Act 1955
- Occupations Health (Workers Compensation) Act 1987

- Superannuation Guarantee (Administration) Act 1992
- Anti Discrimination Act 1977
- Parental Leave

Award Summaries and Rates of Pay

- Teachers (Non Government Pre School) (State) Award
- Teachers (Non Government Early Childhood Other than Pre School) (State) Award
- Miscellaneous Workers: Kindergarten & Child Care Centres (State) Award
- Clerical and Administrative Employees (State) Award
- Nurses etc. other than in Hospitals (State) Award
- Charitable Institutions (Professional Staff-Social Workers) (State) Award
- Social and Community Services Employees (State) Award
- Family Day Care Services Award

General

- Lobbying Strategies
- Submission Writing
- Supplying Parent Information
- Building a Centre

Staff roles and responsibilities

- Responsibilities of employees under the Occupational Health & Safety Act
- WorkCover
- Workers Compensation
- Responsibilities on the Event of an Accident
- Comprehensive contact lists of major government departments and agencies

Cost: As above – Membership fee $322 includes a copy of this Handbook

Phone: (02) 4782 1470
Website: www.ccsa-nsw.asn.au

Note: SNAICC is not a member of the CCSA and does not have a copy of this handbook.

NON-CHILD CARE SPECIFIC RESOURCES

ACTCOSS – Online governance resource manual

The ACT Council of Social Services has a governance resource manual online, which is accessible through their website (www.actcoss.org.au/oik/printpg/infosheetindex.html).

It is in the form of information sheets so that people accessing the information can pick and choose whatever they need. It is very user friendly and reads easily.

The topics included are:

· What is governance?

· Duties of Management Committees

· Board and Executive Officer responsibilities

· Making good board decisions

· What should your board be like?

· The role of the Chair

· The role of the Public Officer

· The role of the Secretary

· The role of the Treasurer

· Policies you need to have in place

· Financial reports to the board

· What is conflict of interest

· The incorporation process

· Strategic planning jargon

· Human resources – Awards, Staff contracts, OH&S etc

They also include samples of code of conducts, accountability statements and policies.

Cost: Nil

Management Support Online (MSO) – Online resources

MSO, as the name suggests, is an online management support service that is accessible 24hrs a day, 7 days a week. It is very comprehensive covering all aspects of running a community based organisation from governance to day to day tasks. The following information has been downloaded directly from the MSO website and describes the different aspects of their products and services.

There is an annual subscription cost for this service (see table below). The amount payable depends on the annual income of the organisation:

Total annual income of subscribing organisation/project	Annual subscription*	Annual subscription* inc 10% GST	Maximum # of passwords +
Under $150,000	$350	$385	4
$150,000 - $500,000	$450	$495	8
$500,000 - $1 million	$550	$605	12
More than $1 million	$650	$715	16

** *There is a 15% discount for VCOSS members. It may be worth contacting MSO to seek other discount offers.*

Phone: (02) 9569 1704
Website: www.managementsupportonline.com.au

Online access 24/7: Unlike other forms of training or consultancy, MSO resources and programs are available at any time, from any location.

Resources, tools and training materials:

· Prompt and confidential assistance & support regarding any management or operational issues.

· Skill development programs for staff and management that individuals can complete at their own pace, in privacy and from any location.

· Guided activities that help to keep your organisation running well.

· A library of regular updates resources and tools.

As a subscriber to MSO you also receive:

· Email updates and newsletters to keep you informed about new material on the site and key issues that affect your organisation.

· Assistance with more complex situations requiring telephone assistance or support.

· A number of individual passwords for staff or members of the board of management allowing unrestricted use of the site every day of the year.

Individual passwords protect the confidentiality of site users, and enable each person to keep track of the training and activity modules they have completed. Individual passwords also provide a tool for subscribing organisations and their staff to keep track of the patterns of usage by their organisation.

Subscription fees support an ongoing program of continuous improvement, which includes research into emerging issues and practices, the development of new materials and tools, design improvements for the site, and the provision of support and assistance to subscribers.

MSO provides online interactive training programs to build the essential skills of members of management and staff in a range of key competencies.

Skill building provides self-directed training activities covering the core governance, management and operational skills needed by staff and members of management:

The following modules are available

• Finding your feet

• Working with the board of management

• Resource management

• Designing and maintaining systems

• Planning and monitoring performance

• Human resource management

• Managing services and activities

• Maintaining an ethical organisation

Each activity provides an overview of the topic, gives you essential information, and takes you through practical exercises. The practical exercises guide you in completing a piece of work that will directly benefit your organisation.

At the end of the activity, a short self assessment allows you to check your progress.

MSO also offers facilitated programs with group tutorials, conducted by teleconference or online, and individual feedback on completed work, on a fee for service basis.

MSO will give you and your organisation guides and work programs for evaluating and reviewing aspects of your organisation and making the changes you want in manageable stages.

MSO provides your organisation with structured guides to reviewing current ways of working, developing new approaches, and completing specific tasks such as the annual plan or budget. There are guided activities covering the core aspects of your organisation's operation:

The following modules are available:

• Developing and managing resources

• Developing and monitoring plans

• Developing effective governance

• Foundations for working well

• Improving services and activities

• Organisational culture and accountability

• Planning and managing staff

• Streamlining systems

Each activity provides key information on the topic, and a set of practical exercises for relevant members of staff or members of management to undertake. The exercises are linked to specific tools, and take the group through the completion of particular tasks for the organisation.

MSO also offers direct consultancy assistance on a fee for service basis. MSO aims to keep the costs of direct assistance as affordable as possible for organisations, and assistance is tailored to the circumstances of individual organisations.

MSO will give you access to a comprehensive collection of relevant resources, information, tools and contacts.

In the Resources section of MSO you can make use of:

TOOLS:

The tool cabinet contains the 'pro forma' equipment such as checklists, policies and procedures, formats for various tasks such as planning or budgeting, and other useful documents that can be downloaded and tailored for your organisation.

1 Allocating roles

2 Board of management orientation kit

3 Board of management policy documents

4 Board of management role worksheet

5 Board of management skill development plan

6 Board of management skills audit

7 Board of management training session

8 Budget monitor

9 Cash flow chart

10 Clarifying your purpose and reviewing the purpose statement

11 Client feedback planner

12 Client survey

13 Complaints management procedure

14 Constitutional check

15 Data collection planner

16 Designing reporting systems

17 Designing stakeholder involvement

18 Developing a guide to ethical practice

19 Developing an accountability framework

20 Developing an ethical organisation

20 Developing an ethical organisational culture

21 Financial management systems checklist

22 Human resource management audit

23 Information flow planner

24 Infrastructure and resources planner

25 Meeting procedures

26 Occupational Health and Safety planner

27 Performance management planner

28 Personnel record audit

29 Planning for equipment upgrading

30 Planning: Current context analysis

31 Planning: Developing a plan

32 Planning: Direction setting and impact analysis

33 Planning: Documentation

34 Planning: Preparation

35 Policy checklist

36 Quality monitor

37 Recruitment kit

38 Resource analysis

39 Resource planning kit

40 Restructuring the board of management

41 Reviewing board of management practices

42 Reviewing governance practices

43 Reviewing the way you work

44 Reviewing your filing system

45 Risk management checklist

46 Sample consultancy contract

47 Schedule of delegations

48 Scope and design review

49 Simple agency survey

50 Skills audit

51 Staff development planner

52 Staff survey

53 Systems audit

54 Taking action on accountability

55 Working better module activity planner

56 Working better planner

INFO SHEETS:

The info stand contains summary information sheets, each with the key information about a particular topic for easy and quick reference, or for distribution to relevant staff or board of management members.

1 Accountability

2 Balance sheets

3 Basic budget development

4 Board basics

5 Board of management processes

6 Budgeting for projects

7 Classification systems and naming protocols

8 Client feedback

9 Client rights and responsibilities

10 Codes of ethics and conduct

11 Complaints management

12 Designing governance structures

13 Designing services and activities

14 Developing a plan

15 Ensuring a skilled board of management

16 Equipment and technical infrastructure

17 Ethical practice

18 Expansion and growth

19 Financial management policies and practices

20 Financial management systems

LIBRARY:

The library contains all the larger documents, background reading materials, articles and discussion papers.

CONTACT DIRECTORY:

The contact lists contain information about useful organisations and reference points, and links to other useful websites.

Leslie Gevers Community Management Services – "Managing a Community Organisation in Australia"

This book is very easy to understand and covers a broad range of topics. The information is presented in a user friendly manner and includes hints, points to remember and examples of forms and policies. There are specific areas covering issues for Aboriginal community organisations including incorporation matters and CDEP.

SNAICC have obtained the latest version (Fourth Edition, 2003) and note the handbook is updated approximately every three years. The booklet is bound however, and would need to be re-purchased for the most up-to-date version.

The content is directed to both Management Committee and Managers and Coordinators. It includes up to date information on:

·   Responsibilities of incorporated associations

·   Incorporation requirements for each State and Territory

·   Meeting responsibilities

·   Legal issues including tax, employer responsibilities, insurance

·   Contemporary approaches to management

·   Policy development

·   Financial management, including GST, FBT, cashflows

·   Tendering and applying for funds

·   Office management

·   Roles and responsibilities of management committee members

·   Improving the effectiveness of management committees

·   Understanding government funding

·   Marketing your service

·   Recruiting and managing staff

·   Workplace agreements

·   Planning your service – philosophy, objectives

·   Improving your meetings

Complimenting this handbook is the Leslie Gevers model "Policy and Procedure Manual" (see below for description).

Cost: $77

Website: www.ggj.biz
Phone: (08) 9336 7717
Fax: (08) 9336 7718

GOVERNANCE

Leslie Gevers Community Management Services – "Policy and Procedures"

This model policy and procedure manual comes in a loose leaf A4 ring binder and provides examples of adaptable policies and procedures.

The folder has 18 tabbed sections that include the following areas:

- Index
- Organisational information
- Incorporation
- Management
- Funding
- Records management
- Service delivery
- Clients rights and responsibilities
- Service improvement, planning and evaluation
- Financial management
- Assets management and insurance
- Staff recruitment
- Position descriptions and conditions of employment
- Staff management and development
- Volunteers management
- Occupational health and safety
- Administration and office procedures
- Information technology

The manual has been designed for use by community organisations for setting up their own policy and procedures. The examples and proformas provided can be adapted to meet services' specific requirements. The price includes a copy of the policy procedures, forms and a CD Rom.

Cost: $175

Website: www.ggj.biz
Phone: (08) 9336 7717
Fax: (08) 9336 7718

Enterprise Care – "Inspired Board Members; Directors Induction Manual"

This manual has been created for Not For Profit Organisations. The content includes basic information about the role and responsibilities of Directors, and their relationship with the Chief Executive Officer and staff. The information is presented in a format quite differently to other manuals SNAICC has reviewed, i.e. Governance issues are identified and suggested Responses to those issues are provided. The information is quite broad and is more awareness raising rather than providing specific information. For example the topic of legislation highlights Board members need to be aware of relevant legislation but does not stipulate which legislation that is. The areas covered are:

- Information for prospective Board members
- What a new Board member should know
    - Incorporation legislation
    - Legal responsibilities
    - Role of directors etc
- Board induction program
- Content to include in an induction manual
- Sample: Roles and responsibilities statements
- Sample: Job descriptions
- Sample: Code of Conduct
- Sample: Communications Policy
- Sample: Board training needs evaluation tool

Enterprise Care provide more information through their training programs held in Melbourne, Brisbane and Sydney. The training sessions are typically half day in duration and cost around $275. Session topics include:

- Role of the Chair
- Roles & Responsibilities of Directors
- Tools for Company Secretary
- Board and Committee meetings
- Strategic Financial Management
- Understanding finance in Not For Profits
- Effective Performance Management
- Constructive Conflict Resolution

Cost of manual: $77

Website: www.enterprisecare.com.au
Phone: (03) 9819 9284
Fax: (03) 9819 2593

Victorian Council of Social Services (VCOSS) – "Community Management Handbook"

This handbook, produced in 1991 is a good resource for Management Committees who have more of a hands on role in their organisation. The content includes information on setting up a community organisation, examples of policies and procedures, forms and flowcharts.

- Management group roles and responsibilities
  - Legal
  - Financial
  - Personnel
  - Planning and policy
  - Accountability

- Tasks of the Management group
  - Members
  - Chair
  - Secretary
  - Treasurer
  - Subcommittees

- Management models
  - Community based management committees
  - Collectives
  - Multi-functional organisations

This handbook is quite a good resource for community run organisations and is very affordable. However it does not go into any specific detail in regards to legal and policy responsibilities. VCOSS does produce a separate Policy & Procedures Manual that SNAICC has also reviewed (see below).

Cost of this handbook: $19.80

Website: www.vcoss.org.au

Phone: (03) 9654 5050 or 1800 133 340 (outside Melbourne)

Fax: (03) 9654 5749

VCOSS – "Policy & Procedures Manual"

The VCOSS Policy and Procedures Manual is a very comprehensive resource that could be utilised by the Coordinator of a service as well as the Management Committee or Board. It provides information about legal requirements pertaining to each policy area covered and also provides information about the procedures that should be followed to ensure the policy in put to practice. Each area has thought provoking questions to assist Management Committees or Boards in the development of their

policies. There is also an introductory section covering organisational structure, organisational philosophy and roles and responsibilities within the organisation. It does not go into a lot of detail regarding the individual responsibilities of each office bearer position, but this is well covered by the Community Management Handbook described above.

Throughout the manual VCOSS, a Victorian based organisation, refers to the relevant State authorities responsible for legal requirements such as Equal Opportunity, Workcover, Superannuation and so on.

The areas covered include:

- Code of Ethics
- Charter of Rights
- Models of Management
- Evaluation and Planning
- Expectations of Committee Members
- Conduct of Meetings
- Decision Making
- Conflict of Interest
- Confidentiality
- Complaints and Grievance Procedures
- Financial Reporting
- Administrative functions
- Staffing and Employment

The manual has many sample policies that can be adapted and edited as required. There are proformas in the back of the manual covering Committee Agenda, Assets List, Annual General Meeting Agenda, Register of Members and an Accident and Injury Register.

The manual comes in a booklet form which is not very conducive to photocopying as the pages cannot be removed, but the content is very good and easy to read. The manual was first produced in 1993, reproduced in 1997 and is good value for money.

Cost of the manual: $30.00

Website: www.vcoss.org.au

Phone: (03) 9654 5050 or 1800 133 340 (outside Melbourne)

Fax: (03) 9654 5749

Registrar of Aboriginal Corporations, Qld (ORAC) – "Managing In Two Worlds" Governance Training

The Managing in Two Worlds program has been designed to meet the requirements of Governing Committee members/Board members of Indigenous corporations, for training in corporate governance.

Governing Committee/Boards of Indigenous corporations must operate 'in two worlds', fulfilling both their cultural obligations to their communities and their legal obligations to the wider community and to funding bodies.

Governing Committee members/Board members who undertake this training program will acquire the knowledge and skills (competencies) that they need to be effective managers on behalf of their community – they can begin by identifying the competencies they already have, and focusing those areas that require development.

Training is delivered through Registered Training Organisations (RTOs); ORAC's Certificate IV in Business (Governance) is delivered through the North Queensland Institute of TAFE, and is organised into four separated blocks of one week each. A pilot program for training in remote locations is also being delivered by Maningrida Jobs Education and Training Centre (JET).

The target audience for ORAC's governance training is: Governing Committee members/Board members of Indigenous corporations; members of Indigenous organisations; and key staff of Indigenous organisations. This target group may include non Indigenous people who hold key positions in corporations; for example, Chief Executive Officer, Finance Officer, Administration Manager, etc. In this case, the participant has been supported by the corporation that employs them.

ORAC has developed learning materials for seven (7) of the competencies for Governing Committees/Boards of Indigenous community organisations. They are:

· Meet the roles and responsibilities of a Governing Committee member/Board member

· Use the constitution

· Monitor financial management and budgets

· Manage assets

· Plan for organisational needs

· Develop and implement organisational policies

· Communicate with the community

The learning materials comprise a Learning Guide and Assessment Guide for each competency listed and are available on CD.

The remaining competencies have been developed by Business Services Training Australia (BSTA) on behalf of Australian National Training Authority (ANTA).

The competencies and learning materials are designed to meet the needs of all incorporated Indigenous organisations.

With some customisation they may also be suitable for use by non-Indigenous community organisations.

ORAC offers information sessions on good corporate governance for Indigenous groups and corporations. One-day information sessions are held at various times and places throughout Australia. The topics they cover are listed below.

Doorway:

Information sessions for groups thinking of incorporating.

Troubleshooting:

Information sessions for newly incorporated organisations and those seeking help on a specific topic.

Content

ORAC's informal, non-accredited information sessions are designed for Governing Committee members/Board members and members and key staff of Indigenous corporations. They run planned information sessions during the year across Australia, but many are also conducted on request.

ORAC's information sessions focus on the big issues faced by most Governing Committee/Board members, such as:

· annual reporting under the ACA Act

· the role and responsibilities of the Governing Committee/Board

· the duties of Governing Committee/Board members

· the role and management of meetings

· members' rights

· the maintenance of proper accounts and records

· procedures to change a corporation's constitution, objects or name

· the appointment and responsibilities of the public officers of corporations

· managing conflicts of interest

· managing disputes

· the role and responsibilities of ORAC

· the role and requirements of the ACA Act and the corporation's constitution.

ORAC also have information brochures available online. The purpose of these brochures is to promote good corporate governance practices within Indigenous corporations. They are designed to assist corporations to manage their affairs in accordance with the Aboriginal Councils and Associations Act 1976 (ACA Act) and with their corporation's constitution.

Electronic copies of the brochures are now available online. Hard copies are also available on request. You can contact the Registrar of Aboriginal Corporations by phone on 1800 622 431 (toll free), by fax (02) 6281 2739 or by email info@orac.gov.au.

Information Brochures

1   Setting Up an Indigenous Corporation

2   The Rules of the Corporation

3   Changing the Rules

4   Register of Members and Membership Records

5   The Rights and Obligations of Members

6   The Role of the Governing Committee/Board

7   The Role of the Chairperson

8   The Role of the Treasurer

9   The Role of the Secretary

10   The Role of the Public Officer

11   Running a Governing Committee/Board Meeting

12   Conflicts of Interest

13   Running an Annual General Meeting

14   Running a Special General Meeting

15   How to Keep Proper Minutes and Why

16   Preparing and Using Budgets for Management

17   Looking after the Corporation's Finances

18   It's the End of the Year: What Do We Do

19   Exemption from Preparing and Lodging Audited Financial Statements

20   Does your Corporation Need Assistance

21   When, Why, and How Does the Registrar Intervene

22   Guidelines for Voluntary Winding Up

Meerilinga Young Children's Foundation – "Governance…. It's Not A Board Game"

This six part Governance training program was produced in 2001 as a result of a research project funded by the Department of Family & Community Services, under the "Facilitating Best Practice Partnerships Grants Program".

The series takes the learner through the most important aspects of basic governance training which can be applied to most Boards regardless of their sector type.

The content of the training program has been collated from a wide range of sources including the author's own academic research, current and available literature, checklists, journals and the experience of many individuals who contributed to the research project.

The six different booklets provide the learner with background information and practical activities that are intended to:

·   Provide a definition of governance, based on academic research.

·   Demonstrate the relevance of general governance principles and practices.

·   Introduce the concept of governance risk management through the use of "Identification, Assessment and Control" processes. This is provided through interactive activities.

·   Provide suggestions for resources, which can be utilised as a basis to forming a Governance Policy & Procedure Manual.

·   Provide a list of current and relevant literature, checklists, journals and websites associated with governance.

The booklets cover the following areas:

1   How to manage organisational risk

2   Principles of Community Based Excellence

3   Legal responsibilities of the Board

4   Board Roles and Responsibilities

5   Board Processes

6   Strategic Planning

7   How to attract corporate sponsorship

8   Evaluating Board effectiveness

9   How to develop a Board Member's Manual

Each section has a good deal information relating to the relevant topic as well as practical activities to reinforce learning. Any of the six booklets could be used individually for focussed training or as a whole set.

The booklets are useful for Boards whose role is purely governance and organisations that have adequate administrative and human resource staff. It would not be adequate for organisations with Management Committees who need to address issues such as staffing, fundraising, financial reporting or conflicts within the organisation. Also, there is no information about meeting processes or AGM's.

Cost: $90.00 plus postage

Website: www.meerilinga.org.au

Phone: (08) 9424 5210

Fax: (08) 9424 5236

Western Australian Council Of Social Services (WACOSS) – Video: "Management Committees and Organisational Governance"

The video produced by WACOSS is a great way to learn about governance issues. It comes with a booklet so the learner can take notes as they are watching the video.

The video goes for about 2-3 hours. It is time sequenced so you can skip to the next section if you so wish. The following topics are covered:

·   Forming a Board or Committee

·   Incorporation

·   Relevant skills required to fulfil the role of Committee member

·   Definition of governance

·   Legal responsibilities

·   The Constitution of the organisation

·   Requirements of the Associations Incorporations Act 1987

·   Conflict of Interest

·   Accountability

·   Duty of Care

·   Relevant Acts, Codes, Laws

·   Risk Minimisation

·   Insurances

·   Code of Conduct

·   Strategic Planning

·   Vision

·   Reviewing the effectiveness and performance of the Board

·   Roles and Responsibilities of office bearers & members

·   Relationship with Staff

·   Meetings

·   Developing a Board induction kit

·   Recruiting new members

Contact WACOSS for details of availability and cost.

Website: www.wacoss.org.au

Phone: (08) 9420 7222

Fax: (08) 9486 7966
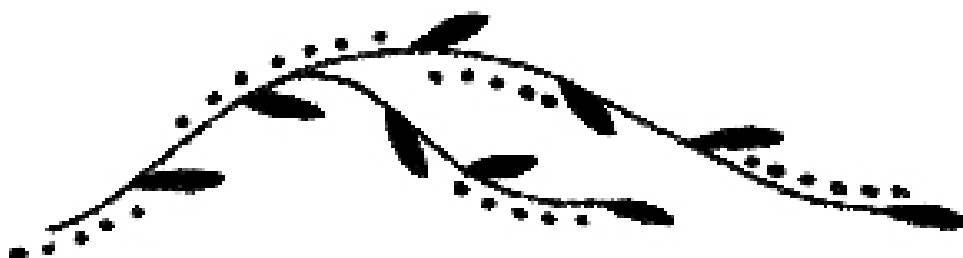
SNAICC

Secretariat of National Aboriginal
and Islander Child Care Inc.

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Commonwealth
Department
of Family and
Community Services