



DISCUSSION PAPER

**ENSURING
EQUALITY FOR
ABORIGINAL
AND TORRES
STRAIT ISLANDER
CHILDREN IN THE
EARLY YEARS**

Early Childhood Australia (ECA) is the peak early childhood advocacy organisation in Australia, acting in the interests of young children, their families and those in the early childhood education and care sector. ECA champions the rights of young children to thrive and learn at home, in the community, within early learning settings and through the early years of school. Our work builds the capacity of our society and the early childhood sector to realise the potential of every child during the critical years from birth to the age of eight. ECA specifically acknowledges the rights of Aboriginal and Torres Strait Islander families, and the past and current injustices and realities for them around Australia.

SNAICC – National Voice for our Children is the national, non-governmental peak body for Aboriginal and Torres Strait Islander children. In existence since 1981, SNAICC works for the fulfilment of the rights of Aboriginal and Torres Strait Islander children in particular, to ensure their safety, development and wellbeing. It achieves this through research, policy development, advocacy, evidence-based training, resources and events.

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EXECUTIVE SUMMARY	4
INTRODUCTION	5
THE POLICY LANDSCAPE	7
POLICY FRAMEWORKS	7
PROGRAMS AND FUNDING	8
OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN.....	11
DEVELOPMENTAL VULNERABILITY PRIOR TO STARTING SCHOOL.....	11
LITERACY AND NUMERACY	13
YEAR 12 ATTAINMENT	13
PARTICIPATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN IN EARLY EDUCATION AND CARE.....	15
ATTENDANCE IN EARLY CHILDHOOD EDUCATION AND CARE SERVICES	15
ENROLMENT AND ATTENDANCE AT PRESCHOOL PROGRAMS	16
SCHOOL PARTICIPATION	18
ACCESS BARRIERS AND FACTORS THAT IMPACT ON PARTICIPATION.....	19
INDIVIDUAL BARRIERS.....	19
SERVICE BARRIERS	21
SOCIAL AND NEIGHBOURHOOD CHARACTERISTICS	21
CULTURAL BARRIERS	22
IMPROVING OUTCOMES IN EARLY CHILDHOOD FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN.....	23
BENEFITS OF PARTICIPATION IN QUALITY EARLY CHILDHOOD EDUCATION	23
DURATION AND INTENSITY OF EARLY EDUCATION AND CARE	24
QUALITY OF EARLY EDUCATION AND CARE.....	25
EVIDENCE-BASED EARLY EDUCATION AND CARE PROGRAMS	25
STRATEGIES TO IMPROVE ACCESS TO EARLY EDUCATION AND CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN	27
ENHANCING A SUPPORTIVE PARENTAL AND FAMILY ENVIRONMENT.....	29
IMPLEMENTATION SCIENCE	32
CONCLUSION	34
GLOSSARY OF TERMS	35
REFERENCES	36

EXECUTIVE SUMMARY

Early Childhood Australia (ECA) and SNAICC – National Voice for our Children (SNAICC) are passionate about seeing all children, in particular Aboriginal and Torres Strait Islander children, empowered so that they are able to determine their own future and realise their potential.

Currently in Australia, Aboriginal and Torres Strait Islander children are more than twice as likely as all other children to be developmentally vulnerable when they start school. Further, there has been no movement towards equality in developmental outcomes in recent years. Children who are developmentally vulnerable on school entry are less likely to do well at school, are more likely to leave school early and have poorer life outcomes. Reducing the rates of developmental vulnerability will increase the number of children who make a successful transition into school and go on to experience positive educational and lifelong outcomes.

Two strategies hold the greatest potential for improving educational outcomes for Aboriginal and Torres Strait Islander children. First, there is compelling evidence showing that high-quality early education can make a difference by amplifying children's development and enhancing their lifelong social and emotional wellbeing. This is particularly true for children who experience disadvantage early in life.

Secondly, evidence also suggests that integrated, family-focused support programs that impact the home learning environment can improve outcomes for Aboriginal and Torres Strait Islander children, particularly when implemented with a focus on essential principles such as Aboriginal and Torres Strait Islander community ownership and leadership; embedding culture; sustainability; and a holistic approach that is responsive to need. Importantly, these principles also redress the major barriers to early education and care access and participation for Aboriginal and Torres Strait Islander children.

A strong foundation exists to overcome the intergenerational issues of disadvantage and trauma that persist in limiting Aboriginal and Torres Strait Islander children's potential to achieve equality in the early years and throughout their lives. ECA and SNAICC believe it is time to deliver a holistic, intergovernmental strategy focused on a nurturing care framework; access; quality; cultural responsiveness and data to transcend these issues and support First Nations children to realise their potential.

INTRODUCTION

Aboriginal and Torres Strait Islander families and communities represent a unique population group with immense richness, diversity and strengths in child rearing. However, they also continue to face significant challenges in overcoming the impacts of colonisation, including historic and ongoing discrimination and exclusion, systemic removal, intergenerational trauma, dislocation from land and culture, and community disempowerment. In addition to this, members of the Stolen Generations and their descendants—who comprise an estimated 33 per cent of the Aboriginal and Torres Strait Islander adult population—still experience adverse outcomes across a broad range of health, socioeconomic and cultural indicators (AIHW, 2018).

The United Nations Committee on the Rights of the Child (UNCRC, 2012) also expressed deep concern at the serious and widespread discrimination that Aboriginal and Torres Strait Islander children continue to face in terms of access to basic services and the inadequate consultation with, and participation of, Aboriginal and Torres Strait Islander peoples in policy formulation, decision making and the implementation of programmes affecting them.

These factors are reflected in the issues Aboriginal and Torres Strait Islander children experience in the early years. Aboriginal and Torres Strait Islander children consistently show poorer outcomes across all measured developmental areas, despite parents rating a good education as their number-one aspiration for their child (Skelton, Barnes, Kikkawa & Walter, 2014). Recognising and redressing these persistent factors is central to supporting improved development and wellbeing outcomes for Aboriginal and Torres Strait Islander children.

The early years of a child's life play a critical role in shaping long-term health, development, employment and wellbeing outcomes (Black et al., 2017; McCain, Mustard & Shankar, 2007). Evidence demonstrates the importance of children's participation in quality early learning environments, and its effectiveness in shaping these outcomes and supporting children to realise their full potential (Britto et al., 2017; Moore, Arefadib, Deery & West, 2017). Participation in quality early learning also represents a particularly powerful means of transcending disadvantage (Black et al., 2017; Early Learning: Everyone Benefits, 2017). As an American researcher recently noted: 'We have better evidence

for the effectiveness of early childhood education than for almost any other social or educational intervention' (Bartik, 2014, p. 19).

Importantly though, the broader conceptual framework for early childhood development—the Nurturing Care framework (Black et al., 2017; Britto et al., 2017; WHO et al., 2018)—recognises that a positive, engaging home learning environment is also key to achieving good outcomes and mediating the impacts of colonisation, including poverty (Emerson, Fox & Smith, 2015). The nurturing care essential for children to reach their developmental potential is characterised by a home environment that is sensitive to children's health and nutritional needs, safe and secure, and provides opportunities for learning, with interactions that are responsive, emotionally supportive and developmentally stimulating (Black et al., 2017; Britto et al., 2017). This home environment must be supported by a broader enabling environment for the caregiver, family and community, as well as enabling social, economic, political, climactic and cultural contexts—these relate to issues such as maternal health, safe and adequate housing, an absence of stigma, financial wellbeing and a supportive policy and legal framework. This comprehensive understanding of 'nurturing care' is critical for progressing children's developmental outcomes, particularly during the period of rapid brain development and formation of attachment, i.e. within the first three years of life (Black et al., 2017; Britto et al., 2017).

The importance of each of the issues outlined above in achieving equality for Aboriginal and Torres Strait Islander peoples is reflected in government

policy across all Australian jurisdictions, including the Australian Government's 'Closing the Gap' commitments (Australian Government, 2018). However, as some of these commitments are 10 years old, and with a 'refresh' currently underway, it is time to reflect on current strategies with renewed energy and focus, to ensure that talk leads to outcomes and that equality is achieved for Australia's First Peoples. Improving outcomes in the early years is foundational for this to happen.

This paper has been prepared to assist in the development of Australia's policy response to improving outcomes for Aboriginal and Torres Strait Islander children, from birth to eight years of age, through increased participation in quality early education and care. It seeks to clarify to what extent, and how, Aboriginal and Torres Strait Islander children are currently participating in early education and care services; to identify the barriers to participation; and to suggest strategies to overcome them. This paper also details available evidence on improving outcomes for Aboriginal and Torres Strait Islander children in the early years.

THE POLICY LANDSCAPE

Aboriginal and Torres Strait Islander participation in early education and care occurs in the context of Federal Government policy and programs, as well as in state/territory government policy and programs.

POLICY FRAMEWORKS

The Coalition of Australian Governments' (COAG) six Closing the Gap targets for overcoming Indigenous disadvantage (with a further target added later) were agreed to in 2008. They included the following:

- The enrolment of 95 per cent of all Indigenous four-year-olds in early childhood education by 2025.
- Close the gap in school attendance by 2018.
- Halve the gap in reading and numeracy by 2018.
- Halve the gap in Year 12 attainment by 2020 (COAG, 2012).

The National Partnership Agreement on Indigenous Early Childhood Development (NPAIECD) was established in 2008 to improve outcomes for Aboriginal and Torres Strait Islander children in the early years and to contribute to the Closing the Gap targets. As part of the initiative, the Australian Government contributed \$292.62 million to establish 35 Aboriginal and Torres Strait Islander Child and Family Centres (ACFCs) in urban, regional and remote areas with high Indigenous populations and high disadvantage, to deliver integrated services offering early learning, child care and family support programs. Implementation was delegated to states and territories. Thirty-eight ACFCs were established, with 36 still operational as at December 2018.

The *National Quality Framework* (NQF) was established in 2012 through the National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care to improve the quality of early education and care and to move from minimum standards to an outcomes approach. Many of the services for Aboriginal and Torres Strait Islander children that delivered via the Budget Based Funded (BBF) program were, however, considered 'out of scope' and not supported to come under the NQF.

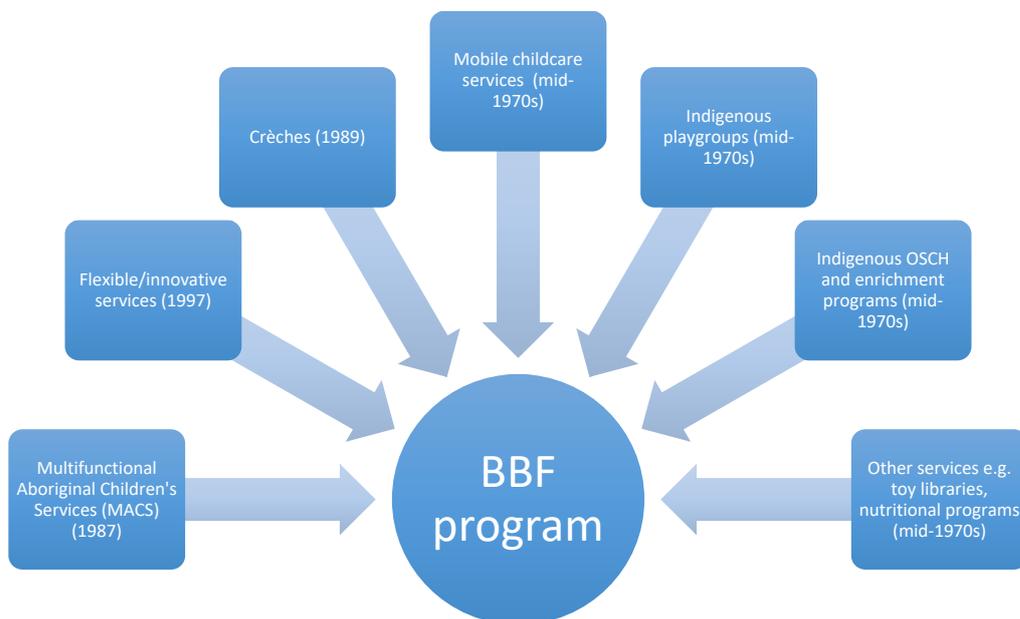
They will continue to operate outside of the NQF under an exemption within the new Child Care Subsidy scheme. The BBF services did receive some funding to support quality improvement under the BBF Quality Measure, and had the professional development and support of the Indigenous Professional Support Units (IPSUs) until they were abolished in June 2016.

Aboriginal and Torres Strait Islander children have also been impacted by the National Partnership Agreements on Universal Access to Early Childhood Education that have been in operation since late 2008. These agreements have progressed the objective to ensure that all children have access to a quality early childhood education program, delivered by a qualified early childhood teacher for 15 hours per week in the year before they attend full-time school.

The *National Framework for Protecting Australia's Children 2009–2020*, premised on a public health model, is another policy that impacts the early years of Aboriginal and Torres Strait Islander children. A primary strategy of the third action plan for 2015–2018 under this framework, entitled *Driving Change: Intervening Early* (DSS, 2015), focused on the first 1000 days, and was supported by a cross-cutting Aboriginal and Torres Strait Islander strategy.

At the international level, there is a clear and strong framework to progress the rights of children and their ability to realise their potential. This is situated in the United Nations (UN) Convention on the Rights of the Child (UN, 1989) and the General Comments produced by its monitoring body, the UN Committee on the Rights of the Child. These are accompanied by the Sustainable Development Goals (UN, 2015) and the *Nurturing Care for Early Childhood Development* framework, recently launched by the World Health Organization (WHO), UNICEF and the World Bank Group (2018).

FIGURE 1 Programs brought together under the Budget Based Funded (BBF) program



The evidence-based *Nurturing Care* framework provides a roadmap for action to improve early childhood development. It focuses on the holistic development of children from pregnancy to three years of age, detailing the foundations, actions and government leadership required for all children to reach their potential (WHO et al., 2018). The framework is premised on five key principles:

- The child’s right to survive and thrive.
- Leave no child behind—ensuring priority for the most vulnerable children.
- Family-centred care—recognising the family’s primary role in providing nurturing care.
- Whole-of-government action—through which consistent policies across sectors and inter-sectoral government structures build collaboration and improve nurturing care.
- Whole-of-society approach—which engages civil society, academic institutions, the private sector, families, and any others involved in providing care for young children.

PROGRAMS AND FUNDING

Since 2003, at the federal level, Aboriginal and Torres Strait Islander early childhood programs have been supported primarily through the BBF program. The BBF program consolidated a series

of diverse early education and care programs, which have been introduced progressively since the mid-1970s (DEEWR, 2013) (see Figure 1). It largely supported ad hoc historical programs rather than developing a vision of how to meet community needs and deliver the best start for the children in those communities.

The BBF program provided direct operational funding to early education and care services in areas where the market would not normally allow services to operate, particularly in regional and remote communities, and where there were additional needs for culturally appropriate services (DEEWR, 2013). Approximately 80 per cent of BBF services focused on Aboriginal and Torres Strait Islander children, with 16 256 Aboriginal and Torres Strait Islander children using the BBF program in 2016 (Palmer, 2016). They were generally funded using a budget based funding model, premised on the number of places historically provided instead of focusing on utilisation or demand. These often had no relationship to the services currently being provided or the number of places available. Funding to Multifunctional Aboriginal Children’s Services in 2016, for example, ranged from between \$5000 and \$18 000 per child (Palmer, 2016). These services were not part of the user-pays Child Care Benefit (CCB) model that applied to mainstream early education and care services across Australia.

TABLE 1 Service types supported under the Budget Based Funded program

SERVICE TYPE	DESCRIPTION
Multifunctional Aboriginal Children's Services (MACS)	Provide culturally centred, community-based services that provide long day care and at least one other form of child care or activity, such as outside school hours care (OSHC), playgroups, nutrition programs and/or parenting programs.
Crèches	Provide culturally appropriate childcare programs over flexible hours based on the needs of the Indigenous communities where they operate. Many crèches were formally known as Jobs, Education and Training (JET), and were established to assist eligible unemployed parents to undertake study, work or job-related training activities.
Flexible/innovative services	Provide flexible care to families in communities where conventional forms of child care are not suited to local circumstances. These services may include long day care, OSHC, occasional care, mobile multi-purpose services, on-farm care, multi-sited child care and overnight care.
Outside school hours care (OSHC) and enrichment programs	Predominantly for primary school-aged children, with enrichment programs aimed at Aboriginal and Torres Strait Islander children. Programs operate from a community venue and provide activities such as sport, homework centres and nutritional services.
Indigenous playgroups	Provide children who are not yet attending formal schooling with a wide range of culturally appropriate developmental, educational and socialisation activities that are relevant to the local community. Also provide an opportunity for families to support each other. Carers remain with the children during care.
Mobile childcare services	Visit regional and remote areas and provide long day care, farm care, parenting support, toy and video lending libraries and/or parent resource library services (DEEWR, 2013).

The BBF program funded 330 services through approximately \$63 million per annum, until the Jobs for Families Child Care Package (Child Care Package) passed into legislation in 2017. When the Child Care Package commenced in July 2018, the BBF program closed. Services were either brought under the new mainstream system, based on the user-pays Child Care Subsidy, or were transferred to the Indigenous Advancement Strategy.

There is a Child Care Safety Net in the Child Care Subsidy scheme that offers a range of supports to assist services and families. Although it recognises historical problems with the BBF program and acknowledges that funding arrangements did require improvement, there are also potential concerns regarding impacts of the new Child Care Package. Evidence commissioned from Deloitte Access Economics suggests that access to subsidised hours for many vulnerable families will be significantly reduced, and funding received by services will be, on average, materially lower (Deloitte Access Economics, 2016; SNAICC, 2016). Provisions in the Child Care Safety Net seek to redress some of these issues, however, they are limited in scope and some are only transitional.

As noted previously in this document, as part of the NPAIECD, the Australian Government contributed \$292.62 million to establish 35 ACFCs.

However, federal funding for the ACFCs was discontinued in July 2014. The services had been operating within the mainstream childcare funding system, with \$1 million top-up funding per year under the NPAIECD. Since July 2014, the status of the ACFCs has been uncertain—both federal and state governments put the onus on each other to maintain supports for their survival. While similar in objective and purpose to the MACS, the ACFCs were excluded from the BBF program given that the BBF program had been capped for some years prior to its closure.

The Queensland and New South Wales Governments continued funding their ACFCs. South Australia, the Northern Territory, the Australian Capital Territory and Tasmania took on direct management of the centres in their jurisdictions, and the Northern Territory has recently announced that it will establish a further 11 new Child and Family Centres to provide culturally secure support to children and families (Northern Territory Government, 2018). The Victorian Government continued to see the ACFCs as a Commonwealth responsibility, and Western Australia funded them as 'Child and Parent Centres'. The ongoing status of ACFCs as Aboriginal and Torres Strait Islander-owned or -specific services is also variable across jurisdictions.

Despite these issues, the establishment of the ACFCs was a major initiative in the development of integrated early years services that respond, holistically, to the needs of Aboriginal and Torres Strait Islander young children and their families. ACFCs support high numbers of Aboriginal and Torres Strait Islander children in early education and care. New South Wales recorded 471 children attending a service in just one week in 2014, with 78 per cent of these children attending early education for the first time (CIRCA, 2014).

The centres connect vulnerable families to an array of integrated services that are designed to meet locally determined priorities and needs, and to build Aboriginal and Torres Strait Islander workforce capacity, with 115 Aboriginal and Torres Strait Islander staff employed in the New South Wales centres alone in 2014 (CIRCA, 2014).

In 2016, the Australian Government established a new program, Connected Beginnings, which aims to integrate early childhood, maternal and child health, and family support services with schools in up to 10 Aboriginal and Torres Strait Islander communities that are experiencing disadvantage (Australian Government, 2016). It is not creating new services, but is improving the coordination of existing services and their outreach to families experiencing vulnerability.

There is also a diverse range of early childhood education programs and services that target Aboriginal and Torres Strait Islander children and their families funded by state and territory governments. A whole suite of programs have been identified in Victoria, New South Wales and Queensland. A summary of these current programs, and any evaluated programs that may no longer be available, can be found in the annex to this discussion paper: [Early Childhood and Care programs for Aboriginal and Torres Strait Islander children](#). Relevant, evaluated programs are summarised in the sections below; however, there are few evaluations and little available information on their quality, reach and impact.

OUTCOMES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

DEVELOPMENTAL VULNERABILITY PRIOR TO STARTING SCHOOL

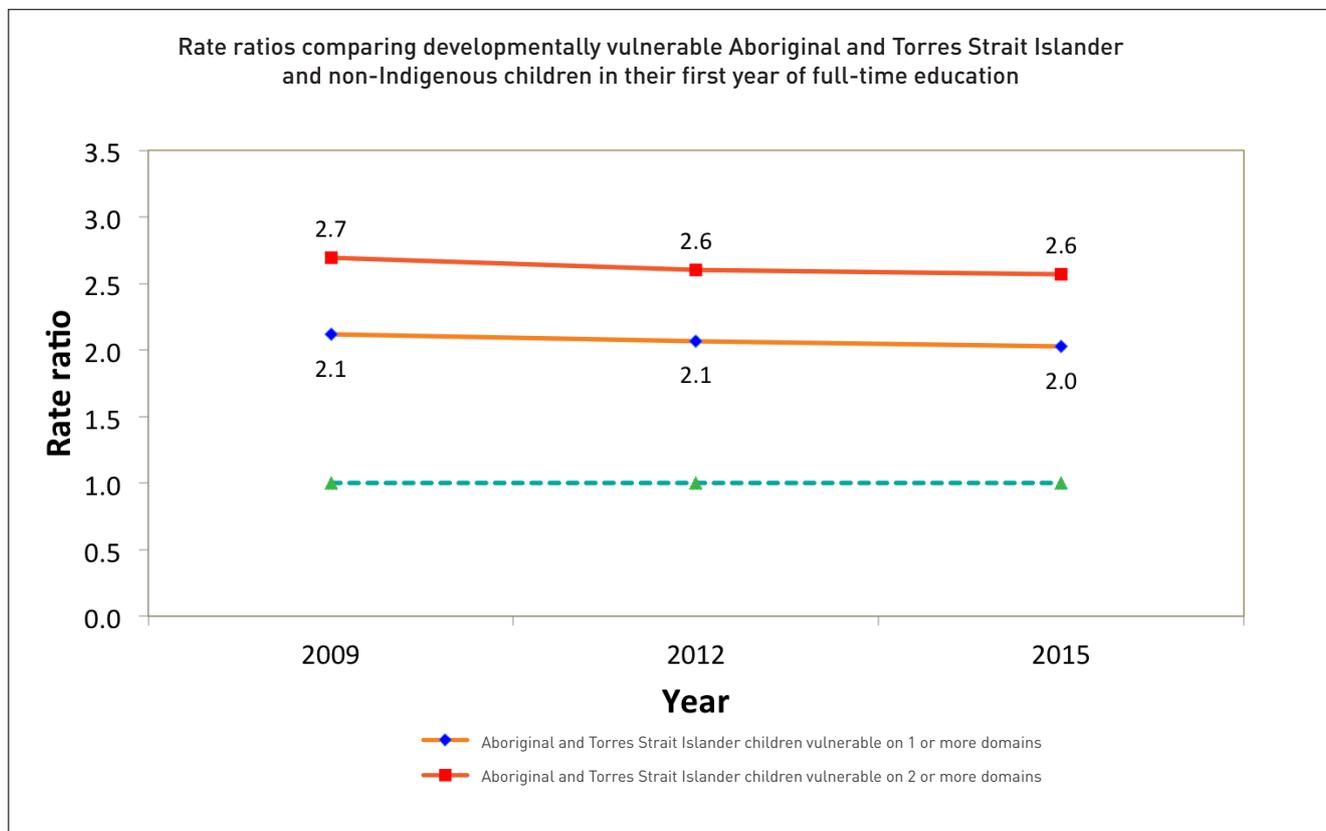
While many Aboriginal and Torres Strait Islander children do start school healthy, strong and on track for high learning outcomes, the evidence indicates that a disproportionate number of them are developmentally behind their peers when they commence schooling, recording lower levels of cognitive and non-cognitive abilities than non-Indigenous children. Greater supports are critical “to ensure all children have a strong beginning and can start school on par with their peers.

The Australian Early Childhood Development Census (AEDC) collects data on early childhood development as children start their first year of full-time school. Data is collected in five areas, or ‘domains’:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills
- communication skills and general knowledge.

More than 17 000 Aboriginal and Torres Strait Islander children were included in the 2015 AEDC, 61.2 per cent of whom were ‘on track’ (in the top 75 per cent) across all domains, compared to an average of 78.9 per cent of non-Indigenous children (SCRGSP, 2016). The proportion of Aboriginal and Torres Strait Islander children ‘on track’ significantly decreases in all domains as remoteness increases, with the greatest difference recorded for language and cognitive skills (SCRGSP, 2016). This is consistent with evidence that children who live in rural and remote Australia experience poorer

FIGURE 2



Source: Figure 5, Family Matters Report, 2018; Table 19 AEDC, 2015

FIGURE 3



Source: Family Matters Report, 2018, Figure 6.

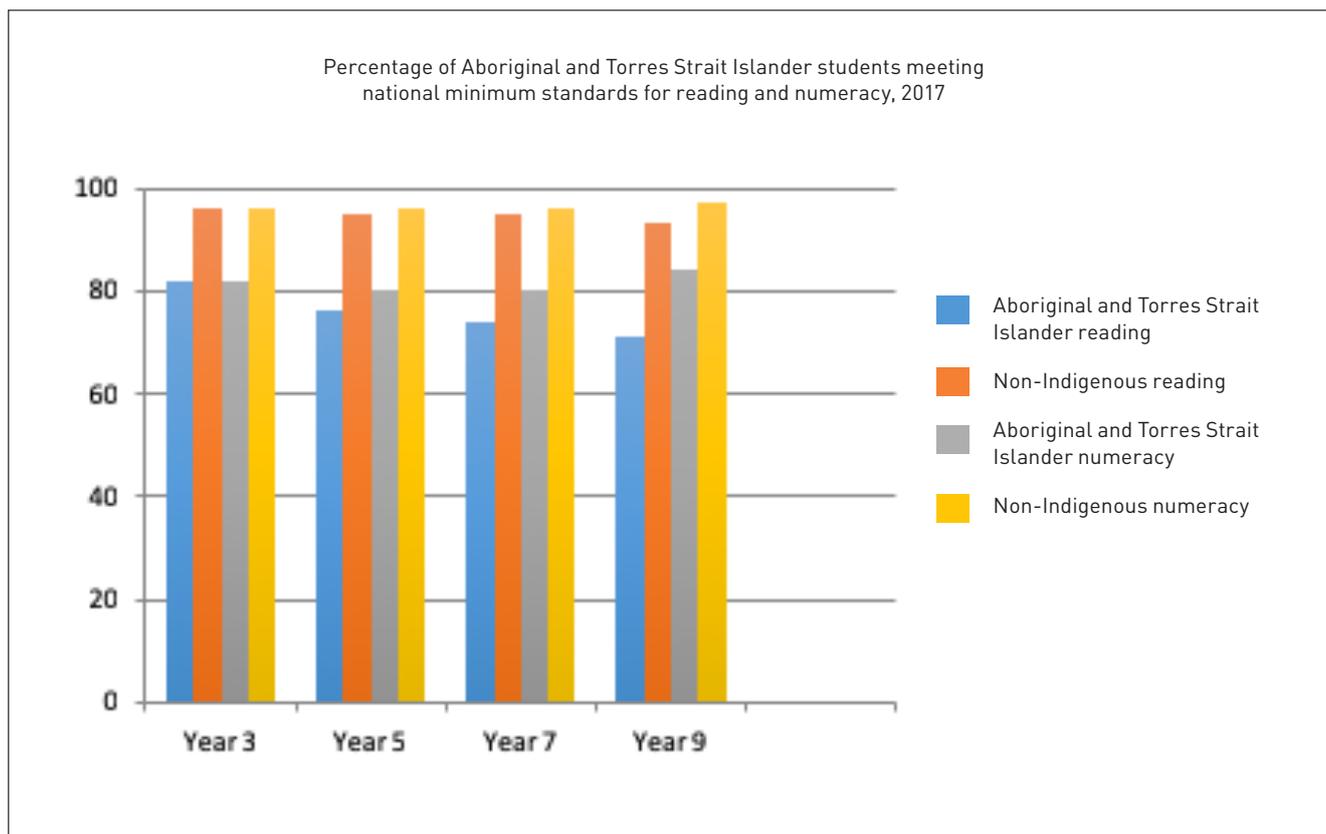
health and developmental outcomes, relative to their peers living in urban areas. Driving factors centre on social determinants of health and development, with these children disproportionately affected by poverty; parental unemployment; social isolation; exposure to family violence and child protection intervention; and lower engagement in early education and care (Arefadib & Moore, 2017). Children in rural and remote Australia are also 'significantly more likely to experience lack of access to appropriate services known to mediate the impact of adversity in early childhood' (Arefadib & Moore, 2017, p. 1).

While the proportion of Aboriginal and Torres Strait Islander children experiencing developmental vulnerability decreased from 47 per cent in 2009 to 42 per cent in 2015 on one or more domains (AEDC, 2015), Aboriginal and Torres Strait Islander children have remained consistently over 2.5 times more likely to be vulnerable on two or more domains when compared with all Australian children (see Figure 2). There has been a minor reduction only in the gap (SCRGSP, 2016).

Developmental vulnerability varies significantly for Aboriginal and Torres Strait Islander children across jurisdictions. In 2015, Aboriginal and Torres Strait Islander children in the Northern Territory were around 4.5 times more likely to be developmentally vulnerable on two or more domains than non-Indigenous children, while Tasmania had the lowest level of disparity between Aboriginal and Torres Strait Islander, and all Australian children (see Figure 3).

The extent to which the AEDC provides an accurate reflection of the developmental progress of Aboriginal and Torres Strait Islander children, free from bias or discrimination, has been broadly questioned (SNAICC, 2013). Caution is recommended in the interpretation of this data, due to criticism that the AEDC does not take cultural factors into account, possesses an innate contextual bias, relies on the child being proficient in standard Australian English and that it is a one-off measure drawn from primary school teachers' reflections on children's development (Taylor, 2011). All children start with different strengths and weaknesses.

FIGURE 4



Source: ACARA, 2017, as cited in Australian Government, 2018, Chapter 3, Table 2.

Western measures may not adequately capture the strengths that an Aboriginal or Torres Strait Islander child brings to school. Nevertheless, the AEDC does remain valuable as the only large-scale national measure to provide insight on children’s development as they start school.

LITERACY AND NUMERACY

Halving the gap between Aboriginal and Torres Strait Islander students, and non-Indigenous students, in reading, writing and numeracy achievements by the end of 2018 was one of COAG’s seven original Closing the Gap targets (COAG, 2012). While the gap between Aboriginal and Torres Strait Islander and non-Indigenous students has narrowed since 2008 across all areas, the Closing the Gap target is not yet on track (Australian Government, 2018).

The gap in reading for Years 3 and 5, and numeracy in Years 5 and 9 has reduced by 30–45 per cent, with the gap in Year 9 numeracy on track to halve by the end of 2018. However, there has been very little change in the gap in reading for Years 7 and 9,

and numeracy in Years 3 and 7. Outcomes are also significantly worse for Aboriginal and Torres Strait Islander children in remote areas, with a larger gap compared to non-Indigenous students (SCGRSC, 2016; Australian Government, 2018).

YEAR 12 ATTAINMENT

Nationally, the proportion of Aboriginal and Torres Strait Islander 20–24-year-olds who have achieved Year 12 or equivalent increased from 47.4 per cent in 2006 to 65.3 per cent in 2016. This ‘closed the gap’ by 12.6 per cent, as the proportion of non-Indigenous Australians finishing Year 12 increased from 83.8 per cent to 89.1 per cent (Australian Government, 2018). This means that the COAG target to halve the gap in Year 12 attainment by 2020 may be achievable.

While Aboriginal and Torres Strait Islander Year 12 or equivalent attainment rates have improved across all states and territories over the past decade, there remain significant discrepancies across jurisdictions. The greatest increases were recorded in South Australia (42.7 per cent in 2006 to 64.3 per

cent in 2016), the Northern Territory (18.3 per cent to 39.1 per cent) and Western Australia (39.6 per cent to 59.9 per cent). However, these were also the jurisdictions starting with the lowest completion rates. The highest school attendance rates for Year 12 are recorded in the Australian Capital Territory, Victoria and Queensland (Australian Government, 2018).

The early childhood targets and Year 12 targets are the only Closing the Gap targets identified by the Australian Government as on track (Australian Government, 2018).

PARTICIPATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN IN EARLY EDUCATION AND CARE

ATTENDANCE IN EARLY CHILDHOOD EDUCATION AND CARE SERVICES

In 2016, the national average of all children’s participation in early education and care was 25 hours per week (SCRGSP, 2018); however, this data is not disaggregated for Aboriginal and Torres Strait Islander children. Evidence suggests that children experiencing disadvantage will access a lower dosage and duration of early education and care (Tayler, 2016).

The Report on Government Services (RoGS) (SCRGSP, 2018) indicates significantly lower rates of attendance of Aboriginal and Torres Strait Islander children aged birth to five years at CCB-approved early education and care services when compared

to non-Indigenous children (see Figure 5). **In 2016, Aboriginal and Torres Strait Islander children were 50 per cent less likely to attend a CCB-approved childcare service than non-Indigenous children.** While there are lower levels of attendance for other special groups of children (e.g. children from remote areas, children with a disability and children from low income families), the disparity is most significant for Aboriginal and Torres Strait Islander children (SCRGSP, 2018).

In 2014, only 2.9 per cent of Aboriginal and Torres Strait Islander children participated in CCB-approved early education services, despite making up five per cent of the population (Productivity Commission, 2014, Figure 13.3). This is consistent with data from the Longitudinal Study of Indigenous

FIGURE 5



Source: Family Matters Report, 2018, Figure 4.

Children (LSIC), which found that 39.8 per cent of the 4749 younger cohort (3.5–5 years old) were not enrolled in an education program (Australian Government, 2013). This reflects a significant gap in service availability, with the Productivity Commission estimating that, in 2014, **15 000 extra early education and care places would be required if Aboriginal and Torres Strait Islander children's enrolment in early education and care was proportionate to their representation in the general population (Productivity Commission, 2014).**

While it is possible that attendance data may be impacted by families not identifying as Aboriginal and Torres Strait Islander, due to fear of racism, no studies have been undertaken to establish whether or not this anecdotal concern is real.

The complete picture of participation in early education and care is broader than national attendance data captured within the childcare rebate system. Up until June 2018, a substantial number of Aboriginal and Torres Strait Islander children attended services funded under the BBF program. As the BBF program supported such a diverse range of programs, and data was not adequately disaggregated for children from birth to five years, it is difficult to compare attendance at BBF services with attendance in mainstream services. However, given that only 1290 Aboriginal and Torres Strait Islander children were supported by MACS (Palmer, 2016), which have long day care services, it may not significantly impact attendance numbers.

From July 2018, with the dissolution of the BBF program, all early education and care services have come under the new Child Care Subsidy. As a result, more accurate data about attendance of Aboriginal and Torres Strait Islander children in CCS-funded services should become available.

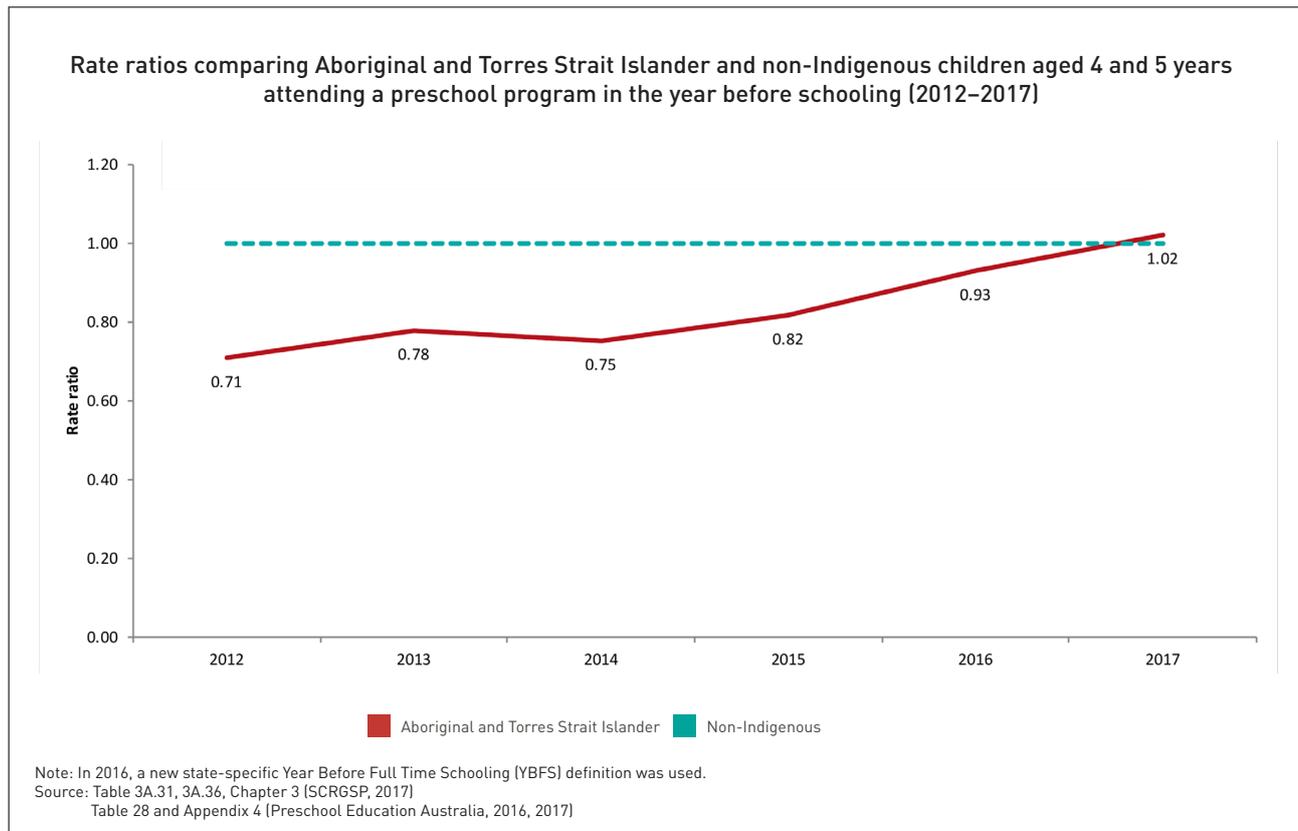
There is little available data on early learning programs involving parents, such as playgroups and mobile playgroups, which, as detailed in Section 7.1 of this document, can also have a positive impact on early learning experiences.

ENROLMENT AND ATTENDANCE AT PRESCHOOL PROGRAMS

The 2018 RoGS suggests that enrolment rates of Aboriginal and Torres Strait Islander four-year-olds in preschool programs are almost on par with non-Indigenous children. However, there is no quality data to identify if there is any disparity in attendance. In 2016, 90.4 per cent of Aboriginal and Torres Strait Islander children were enrolled in a preschool program (either in a standalone preschool or a long day care centre) in the year before full-time school, which remains only slightly lower than the rate for all children (92.4 per cent) (SCRGSP, 2018). The vast majority of Aboriginal and Torres Strait Islander children who are enrolled are also now enrolled for at least 15 hours per week, similar to non-Indigenous children (93.6 per cent versus 94.4 per cent for non-Indigenous children) (SCRGSP, 2018). Enrolment of four-year-old Aboriginal and Torres Strait Islander children in a preschool program has been high for many years; with the RoGS finding in 2009 that enrolment (4.9 per cent) was very similar to their representation in the wider community (4.5 per cent) (SCRGSP, 2009).

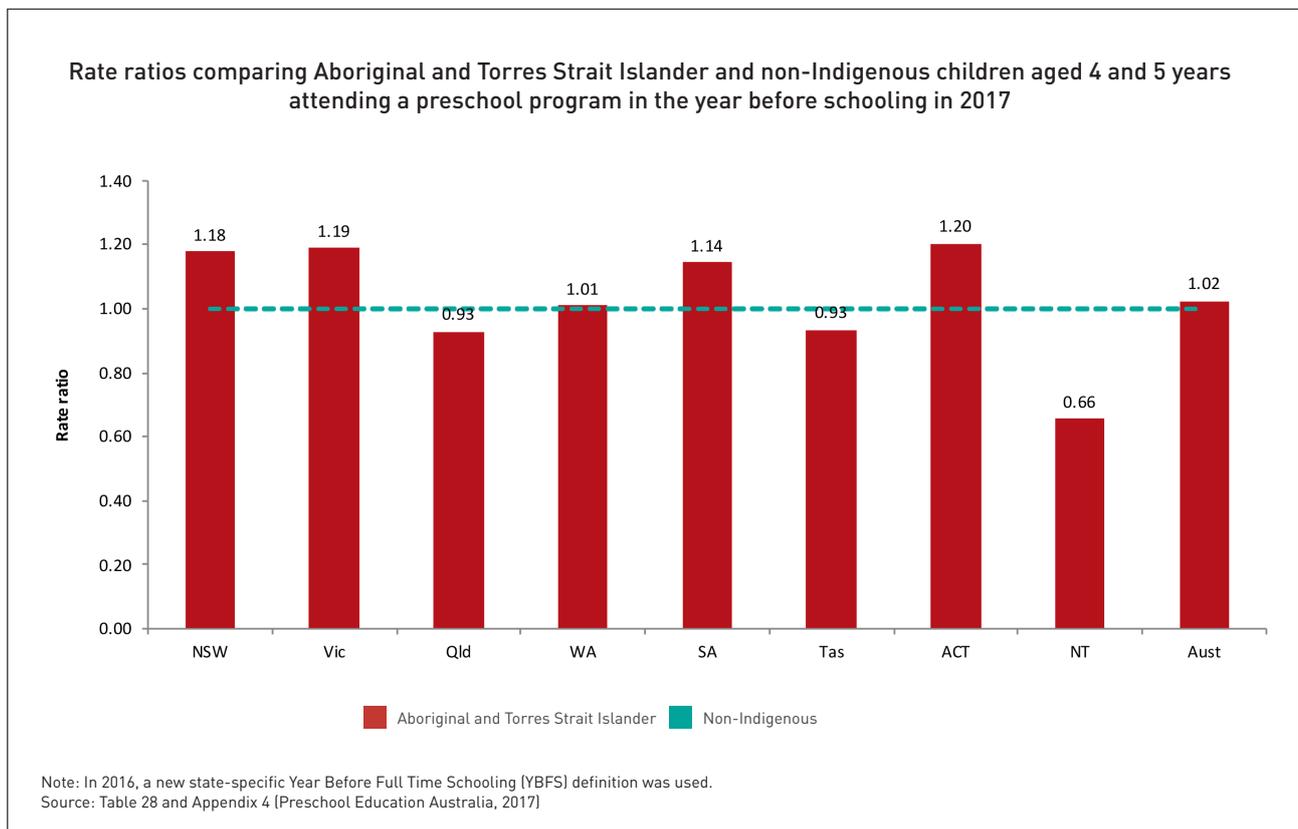
However, with regards to Aboriginal and Torres Strait Islander children aged between three and five years, enrolment in a preschool program is just 46.3 per cent across all Australian jurisdictions, compared with 54.8 per cent for all children. When compared to non-Indigenous children, enrolment is higher for Aboriginal and Torres Strait Islander children in South Australia, and almost on par in the Australian Capital Territory. The gap is greatest in Tasmania and the Northern Territory (see Table 2). While the figures for both Aboriginal and Torres Strait Islander, and non-Indigenous children, are low, they do not account for five-year-olds who may be in school. It does demonstrate, however, that while there has been significant progress with enrolment in the year before school, there is a disparity between Aboriginal and Torres Strait Islander children, and all children, in enrolment levels in preschool programs two years before school.

FIGURE 6



Source: Family Matters Report, 2018, figure 2

FIGURE 7



Source: Family Matters Report, 2018, figure 3

TABLE 2 Percentage of children aged three to five years enrolled in a preschool program within a standalone preschool or long day care program in 2016

JURISDICTION	INDIGENOUS CHILDREN (%)	ALL CHILDREN (%)
New South Wales	51.5	57.1
Victoria	48.1	55.3
Queensland	48.1	54.0
Western Australia	42.1	48.7
South Australia	63.5	53.6
Tasmania	42.5	55.2
Australian Capital Territory	60.5	62.3
Northern Territory	37.0	48.1
Australia	46.3	54.8

Source: SCRGSP, 2018, Tables 3A.3, 3A.13 and 3A.19

The gap between Aboriginal and Torres Strait Islander and non-Indigenous children has also decreased or also arguably been eliminated when attendance is measured. The Family Matters Report 2018 identifies in fact that Aboriginal and Torres Strait Islander attendance increased from a rate of 0.71 to 1.02 in the period 2012–2017, in comparison with non-Indigenous child attendance (see Figure 6). Most jurisdictions demonstrate higher attendance rates for Aboriginal and Torres Strait Islander children; however, low attendance rates in the Northern Territory, Tasmania and Queensland bring down the overall rate.

However, the RoGS no longer reports attendance due to a lack of confidence in the methodology to collect the data—a one-week census each August that doesn't necessarily reflect actual attendance across the year. The Family Matters Report 2018 also points to some evidence which suggests that 'Aboriginal and Torres Strait Islander children participate in preschool for fewer hours per week, on average, than their non-Indigenous peers' (Family Matters Report 2018, p.28). **Better data is required to provide an accurate measure of attendance**, and this data should be viewed with caution.

We note that differing attendance data is reported by RoGS (2017) and the National Partnership Agreement on Universal Access to Early Childhood Education. This paper utilises RoGS data for consistency and increased specificity. RoGS data excludes five-year-olds who were repeating the

four-year-old preschool program, and makes adjustments for the different starting ages of school across jurisdictions (SCRGSP, 2018).

SCHOOL PARTICIPATION

In 2017, the overall school attendance rate for Aboriginal and Torres Strait Islander students, nationally, was 83.2 per cent, compared with 93 per cent for non-Indigenous students (Australian Government, 2018). This means that the five-year COAG target to close the gap in school attendance by the end of 2018 is not on track. Attendance has in fact slightly decreased over the past three years (83.5 per cent in 2014 compared with 83.2 per cent in 2017), with no meaningful improvement in any state or territory, and a notable drop in the Northern Territory (70.2 per cent in 2014 to 66.2 per cent in 2017) (Australian Government, 2018). Attendance for Aboriginal and Torres Strait Islander children is highest in inner-regional areas at 86.8 per cent, and lowest in very remote areas at 64.6 per cent. This is in contrast to attendance rates for non-Indigenous students, where, based on remoteness, attendance varies very little (SCRGSP, 2016).

Attendance also drops off in secondary school for Aboriginal and Torres Strait Islander children—cultural recognition, collaboration with the community in program design and decision making, parental expectations, teacher quality, and bullying and teasing have all been shown to be important factors in school attendance (SCRGSP, 2016). Aboriginal and Torres Strait Islander children in remote areas are also more impacted by speaking a language other than English; low teacher expectations; higher risk of health issues; absence for consecutive months of schooling; and multiple changes of school (SCRGSP, 2016).

ACCESS BARRIERS AND FACTORS THAT IMPACT ON PARTICIPATION

Research identifies wide-ranging, complex and interrelated factors that prevent Aboriginal and Torres Strait Islander families from accessing and participating in early education and care services. These cross over four domains: individual; service; social and neighbourhood; and cultural (Ware, 2012). These domains reflect the different dimensions of 'accessible' early childhood services. Simply redressing low availability does not necessarily increase participation (Flaxman, Muir, Oprea & National Evaluation Consortium, 2009; SNAICC, 2010). Many of these barriers overlap and culture is central to all dimensions.

The rates of preschool enrolment and attendance for Aboriginal and Torres Strait Islander children highlight the need to examine barriers and strategies for access across urban and remote locations uniquely. Beyond remoteness, it is important to note that Aboriginal and Torres Strait Islander families are far from a homogenous group, and it cannot be assumed that any elements are barriers for all families (Trudgett & Grace, 2011). In fact, the extent to which certain factors are enablers or barriers may even vary between different family types (Niddrie, Barnes, & Brosnan, 2018).

INDIVIDUAL BARRIERS

Individual barriers refer to the complex needs, circumstances, experiences and expectations of families and children. Major individual barriers include:

Employment: The lowest levels of preschool participation are in families (both single parent and couples) where no-one is employed or the main source of income is government benefits. Aboriginal and Torres Strait Islander children are disproportionately represented in these families (Biddle, 2007; Hewitt & Walter, 2014). Low levels of preschool participation in these families may be due to the availability of both carers, affordability of preschool for low-income families and fear of days or weeks without money for clothes or appropriate food.

Income levels: The greatest gap in early education and care participation with non-Indigenous children is in the middle income brackets. This is despite evidence that suggests higher rates of early education and care participation in middle income

brackets (Biddle & Bath, 2013; Biddle, 2007). This issue is not settled, however, with some researchers finding no link between household income and preschool attendance (Hewitt & Walter, 2014). Less availability of early education and care services in low socioeconomic areas across Australia may be a factor in lower participation for low-income families (Cloney, Cleveland, Hattie & Tayler, 2015; Tayler, 2016).

Moving and housing instability: Children who have lived in two or more homes since birth are significantly less likely to participate in preschool than those who have lived in the same household since birth (Biddle & Bath, 2013; Hewitt & Walter, 2014). Frequent moves may reduce families' knowledge about the quality and cultural sensitivity of local preschool options, and mean less time and ability to complete the bureaucratic processes involved in enrolment. This has a greater impact on Aboriginal and Torres Strait Islander peoples given their long-recognised higher rate of mobility than non-Indigenous Australians (Charles-Edwards et al., 2018). Around 18 per cent of Aboriginal and Torres Strait Islander peoples changed address in the year prior to the 2016 Census compared with 15 per cent for the non-Indigenous population (Charles-Edwards, Bell, Cooper, & Bernard, 2018).

Discrimination: Families who feel that they are discriminated against are significantly less likely to attend preschool (Biddle & Bath, 2013). This may be exacerbated in urban and regional areas where Aboriginal and Torres Strait Islander children are a minority—racially, socially and culturally (Hewitt & Walter, 2014). LSIC data suggests that around 40 per cent of the children's parents from urban and regional areas reported an experience of

TABLE 3 Barriers to service access for Aboriginal and Torres Strait Islander families

Individual barriers— complex needs, circumstances, experiences and expectations of families	Service barriers— service delivery systems, processes, programs and style, staffing, practice approaches	Social and neighbourhood characteristics of the immediate community that the service operates within	Cultural barriers obstruct communication and the development of trusting relationships
<p>Family breakdown</p> <p>Discrimination and past experiences</p> <p>Number of children in family</p> <p>Fear of removal of children</p> <p>Individual distress/dysfunction (e.g. depression/feeling of being stigmatised/excluded)</p> <p>Poverty and low income</p> <p>Lack of employment</p> <p>Cost—even with subsidisation</p> <p>Lack of awareness of available services and/or their benefits</p> <p>Beliefs related to the non-parental care of young children</p> <p>Reluctance to separate from children</p> <p>Number of books at home, reflecting comfort with literacy and education</p> <p>Moving residence</p> <p>Child health concerns</p>	<p>Lack of Aboriginal leadership and involvement</p> <p>Lack of qualified local Aboriginal and Torres Strait Islander staff</p> <p>Disjointed services or regular staff turnover</p> <p>Failure to find culturally appropriate (often local) training for Aboriginal and Torres Strait Islander staff</p> <p>Lack of cultural competence</p> <p>Failure to incorporate culture within programs</p> <p>Inappropriate venues or clinical environment</p> <p>Lack of flexibility</p> <p>Limited service coordination and service fragmentation</p> <p>Limited capacity for administration of government funds can limit small services from accessing resources for comprehensive services</p> <p>Staff fluent in local language</p> <p>Perception by service providers of barriers as insurmountable</p> <p>Short-term program funding</p>	<p>Social stigma</p> <p>Isolated location and access to transport for remote families and families living in outer suburbs</p> <p>Lack of understanding of the importance of early education and care services</p> <p>Past experiences and community-level distress</p> <p>Poor living conditions</p> <p>Transient populations</p> <p>Tenancy instability</p> <p>Mental illness, family violence, substance abuse and gambling</p> <p>Complex cultural relationships in community, including community or family conflict</p>	<p>Lack of awareness and celebration of legitimate cultural differences</p> <p>Lack of consultation with local communities and Elders, following cultural protocols and incorporation of local Aboriginal and Torres Strait Islander parenting styles</p> <p>Unmet cultural needs of families and lack of respect for Aboriginal knowledge and ways of learning</p> <p>Poor consideration of Aboriginal and Torres Strait Islander issues and cultures, and failing to draw on child and family strengths</p> <p>Unmet family support needs, given different cultural meaning of services and needs</p> <p>Fear that engagement will undermine culture</p> <p>Negative associations with institutions and services, including of child removal</p> <p>Discrimination</p> <p>Fear of being judged and misunderstood because of cultural practices and ways of communicating</p>

Source: Baxter & Hand, 2013; Flaxman et al., 2009; SNAICC, 2010, 2012(a); Trudgett & Grace, 2011; Ware, 2012.

racism in the past year (Skelton et al., 2014). In remote areas, while it will more often be a primarily 'Indigenous' environment, many families still experience a cultural gap with professional staff and leadership often being non-Indigenous. Fear of institutional involvement, and in particular child removal, remains deeply embedded for many families (SNAICC, 2010).

Number of children in the household: Aboriginal families have on average a much higher number of other children living in the family home, and large households are associated with low rates of preschool participation (Biddle, 2007). This is considered largely based on financial considerations, with work providing less dividend given the higher costs associated with high numbers of children attending, and carers available to provide care.

Family education: Lower levels of parental education (Biddle, 2007; Biddle & Bath, 2013) or a lower number of books at home (Hewitt & Walter, 2014) are linked to lower levels of preschool enrolment.

Health: Parental concerns about child development or health may be significant in reducing likelihood of enrolment. This may reflect a fear of the child coping in preschool, shame or even fear of child removal (Hewitt & Walter, 2014).

Participation in early learning does not seem to vary according to whether English is a second language, nor according to whether the child is identified as having special needs for Aboriginal and Torres Strait Islander children, in contrast to non-Indigenous children (Baxter & Hand, 2013).

SERVICE BARRIERS

Service barriers refer to service delivery systems, programs, processes and style, as well as service staffing and practice. Trudgett and Grace (2011) interviewed 10 children aged three to five years, across New South Wales, on barriers and facilitators of engagement with early education and care, and found that the most important issue for children was feeling connected with an adult worker at their centre. It's important to **ensure that local Aboriginal and Torres Strait Islander workers and leadership are central to supporting early childhood education and care participation.** Biddle (2007), for example, found that the presence of a preschool worker who identifies as Indigenous,

working in the area where a child lives, significantly increases attendance. However, recruiting and retaining qualified staff, and in particular Aboriginal and Torres Strait Islander staff, is a major difficulty (SNAICC, 2016).

This issue reflects services' cultural competency (described under 'Cultural barriers' in Section 6.4), as does another central service barrier: the inadequate incorporation of both culture and child/family strengths into programming and the lack of quality program evaluations of Indigenous-specific approaches. Ware (2012), for example, explains:

Aboriginal professionals have continued to argue for cultural differences and needs to be acknowledged. However, without a concrete evidence-base to back up their voices, they continue to face the difficulties of proving their validity against a set foundation based on years of western research (Long & Sephton, 2011, p. 109). This is a serious gap in the literature on improving Indigenous access to early childhood services (p. 7).

Service delivery fragmentation can provide a further barrier, with multiple layers of government involvement in early childhood development policies, programs and services often removing the ability of services to be responsive to local context and need (Wise, 2013). For example, services are often funded under multiple ad hoc government programs with different output and reporting requirements, and restrictions on how funds can be used. This can redirect services away from their core business and may mean they cannot secure adequate funding to meet their community's unique needs. This is not assisted by the workload, fragmentation and disjointedness associated with managing multiple contracts with different levels of government and different portfolios.

Finally, some specific issues experienced in remote locations include lack of service infrastructure (Wise, 2013), workforce shortages and lack of housing for staff (SNAICC, 2010).

SOCIAL AND NEIGHBOURHOOD CHARACTERISTICS

The social and neighbourhood characteristics of the local community can be highly influential for Aboriginal and Torres Strait Islander families, whether it concerns the transient nature of a

community, the level of community distress or remoteness of location. Evidence is unclear on the influence of remoteness. Biddle (2007) found that living more remotely tended to reduce preschool participation, and even more so than for non-Indigenous children. Other studies, however, have found that levels of relative isolation had no significant impact on preschool attendance (Biddle & Bath, 2013; Hewitt & Walter, 2014). It may be that lack of transport and heat are the relevant deterrents in more isolated areas. As Kellard and Paddon (2016) note: ‘in remote communities, Indigenous child attendance rates were directly linked to a reliance on dedicated transport services’ (p. 28). This was also the case for families residing in outer suburbs or outlying smaller communities, who had to travel long distances in order for their children to attend services.

CULTURAL BARRIERS

Cultural factors are often cited as a pivotal barrier to access and participation in early education. According to Harrison, Goldfeld, Metcalfe & Moore, **‘early learning programs that do not reflect the culture and knowledge of the Indigenous community are not seen as culturally safe and tend not to be used by families in that community’** (2012, p. 2).

Many studies have identified trust as the most important factor in determining participation in services (Bowes & Grace, 2014; Kellard & Paddon, 2016; Trudgett & Grace, 2011). Kellard and Paddon (2016) found that Aboriginal and Torres Strait Islander families were more likely to trust a service if a positive and engaged relationship was developed with the service provider, and the service employed local Aboriginal and Torres Strait Islander educators. Pre-existing staff relationships with the children and family members, or within the close-knit community, have also been highlighted as particularly important to building trust (Kellard & Paddon, 2016).

The strength of a child and family’s cultural connection is also relevant, but may vary in impact and is not yet clearly understood. Being taught traditional practices has been associated with lower participation in early education and care, yet attending cultural events and identifying with a tribal, language or clan group has been associated with higher rates of participation (Biddle & Bath, 2013; Hewitt & Walter, 2014).

Evidence suggests that culture is important across all locations. In remote and regional areas, participation is impacted by key factors relating to trust and safe environments, as well as the high value attributed to a traditional way of life, family life and tribal tensions. English language skills, literacy and service settings have also been identified as particular barriers in more remote areas.

Cultural competency is therefore central to consideration of cultural barriers. A culturally competent early childhood service is one in which Aboriginal and Torres Strait Islander children and families are recognised and valued. Cultural competency has different facets and can be applied across an organisation, from individual staff attitudes, values and behaviours, to the policies, programs, culture and leadership at the institutional level. It reflects an ongoing continuum or journey for personal and service development.

TABLE 4 Elements of cultural competency

CULTURAL COMPETENCY ELEMENT	WHAT IT INVOLVES
Self-determination and genuine partnerships	Commitment to principle or self-determination enacted in practice through genuine partnerships
Cultural awareness	Understanding the role cultural difference plays
Cultural respect	Valuing Aboriginal peoples and their cultures
Cultural responsiveness	Having the ability and skills to assist Aboriginal and Torres Strait Islander peoples
Cultural safety	Creating a service environment that is safe and welcoming for Aboriginal and Torres Strait Islander peoples
Cross-cultural practice and care	Being able to relate and provide services to Aboriginal and Torres Strait Islander peoples
Self-reflection	Being able to see how your culture, and the dominant culture, generally impacts on Aboriginal and Torres Strait Islander peoples

Source: VACCA, 2008.

IMPROVING OUTCOMES IN EARLY CHILDHOOD FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

The Australian Institute of Health and Welfare (AIHW) identifies the key factors that are known to be effective in overcoming disadvantage experienced by Aboriginal and Torres Strait Islander children in the early years.

These are:

- Children at risk of poor developmental and educational outcomes benefit from attending high-quality education and care programs in the years before school.
- Early learning programs that are supported by the community, provided by educators who are qualified, well-attended, well-resourced and evidence-based are a key contributor to good early childhood outcomes.
- Helping families and communities to be supportive and effective in their roles in children's lives is a key protective factor for the early years and a key component in the design and delivery of high-quality, effective early years programs.
- Uptake of early learning programs by Indigenous families is enhanced by community partnerships, culturally relevant practice that values local Indigenous knowledge, and appropriate teacher training and support. (Harrison et al., 2012, pp. 1–2.)

The two major components identified that are likely to improve outcomes for Aboriginal and Torres Strait Islander children are:

- access to quality early education and care
- a supportive home environment.

In addition, outcomes are impacted by the quality of how these components are implemented to best support Aboriginal and Torres Strait Islander children and families. These qualities are consistent with the broader learnings on what works to overcome 'Indigenous disadvantage', namely: cultural competency; genuine partnerships; collaboration and integration; adequate resourcing; and responding to underlying social determinants

(Sims, 2011). They are captured here as implementation science.

However, evidence of what works to improve outcomes in early childhood for Aboriginal and Torres Strait Islander children is limited by the availability of specific programs and quality program evaluations, and consists mainly of program descriptions and documented practice experience (Emerson et al., 2015; SNAICC, 2013; Ware, 2012).

BENEFITS OF PARTICIPATION IN QUALITY EARLY CHILDHOOD EDUCATION

It is well established that participation in high-quality early childhood education, for at least two years before school, improves children's school readiness and their life chances in the long term (Pascoe & Brennan, 2017). This has even more impact for children who have, or are, experiencing disadvantage. As Sparling, Ramey and Ramey (2007) note:

Children who do not have a solid pre-kindergarten foundation are likely to start kindergarten approximately two years or more behind children of similar ages and environments who do have a firm pre-kindergarten foundation. This difference in developmental age, or developmental competence, is even greater between children from high-risk environments and children from learning-enriched environments (p. 84).

For children experiencing disadvantage, systematic studies, including the High Scope Perry Preschool program and the Abecedarian program, demonstrate significant long-term effects on school achievement, employment and social

behaviours (Brennan, 2013; Conti & Heckman, 2012; McLachlan, Gilfillan, & Gordon, 2013; Sparling et al., 2007). In relation to Aboriginal and Torres Strait Islander children in particular, Biddle and Bath (2013) analysed census, LSIC and AEDC data and concluded that Aboriginal and Torres Strait Islander children who attended preschool were significantly less likely to be developmentally vulnerable than those who did not attend preschool in three of the five AEDC domains (as listed in Section 4.1), with the biggest differences shown in the language and cognitive skills domain. They concluded that while other factors were not controlled, it gives prima facie evidence that expanding access to preschool education may have some impact on reducing vulnerability, and has the potential to improve the school readiness of Aboriginal and Torres Strait Islander children.

DURATION AND INTENSITY OF EARLY EDUCATION AND CARE

Evidence indicates that in families experiencing disadvantage, **‘the highest rate of return in early childhood development comes from investing as early as possible, from birth through age five’**, (Arefadib & Moore, 2017, p. 5). In the Abecedarian program, the impacts of participation reduced after the age of three, suggesting that birth to three years may be a critical window for children experiencing significant vulnerability (Bartik, 2014; Campbell et al., 2012). This is consistent with other international and national evidence that earlier and consistent interventions are ideal (Arefadib & Moore, 2017; Emerson et al., 2015). The study by Loeb, Bridges, Bassok, Fuller and Ruberger (2007) is an exception. It identified, across economic levels and race, that children who start early education and care between the ages of two and three years see greater gains than those who start earlier or later; and starting earlier than two years may be related to more pronounced negative social effects. However, other studies make it clear that quality of care is the critical factor and that creating a circle of relationships around children as early as possible, including within early education and care settings, is the best option (Lang, Tolbert, Schoppe-Sullivan & Bonomi, 2016).

There is little evidence on the required intensity of education and care for children experiencing

disadvantage. The Abecedarian program involved 40 hours of weekly attendance. A number of Aboriginal and Torres Strait Islander services have also shared that it is important to have access to up to 50 hours per week to be able to support the rights of individual children and families appropriately, as they vary over time depending on their family context (Deloitte Access Economics, 2016; SNAICC, 2016).

Loeb et al. (2007), using data from the United States Early Childhood Longitudinal Study, found significant differences across income groups: children from low income families required attendance at a centre for more than 30 hours to experience significant gains in pre-reading skills; and with additional hours, gains could be seen in both reading and maths. The African American children in this study who were from low income groups also required more than 30 hours of attendance to achieve increased pre-reading scores. Neither group experienced negative social behavioural effects from additional hours in a centre; this was in contrast to children from white and higher-income families who displayed increasingly negative behaviour the more hours they attended each week.

This evidence suggests a minimum of 30 hours per week in age-appropriate early education and care programs—including those involving parents—for children experiencing disadvantage, with the potential for flexibility based on an individual child’s needs. However, further exploration of the appropriate dosage for optimal impact would be helpful for Aboriginal and Torres Strait Islander children, including on programs with and without parental involvement.

The best early child development interventions take place in comprehensive, integrated programs that combine nurturing and care, nutrition and stimulation. They begin early, preferably during pregnancy, and are sustained through primary school (McCain et al., 2007, p. 138).

QUALITY OF EARLY EDUCATION AND CARE

Quality is also clearly a central feature of early education and care (Black et al., 2017), with participation in poor-quality services demonstrating a counter effect, showing poorer outcomes at school entry. This is particularly so when combined with long hours of attendance or poorer home learning environments (Harrison et al., 2012). Negative long-term consequences may also be experienced if early education and care services are not responsive to the unique culture and needs of Aboriginal and Torres Strait Islander children (Biddle & Bath, 2013). Defining features of preschool quality include having a greater number and variety of challenging play materials, interactive or dialogic reading, classroom organisation, and instructional support (Britto et al., 2017). Critically, quality must also be responsive to context, build from the strengths of the local community and holistically respond to children's development needs (Sims & Brettig, 2018). Under the nurturing care framework, these features span health and nutrition; security and safety; responsive care-giving; early learning; and an enabling environment for caregivers, family and the community.

Quality becomes all the more critical in light of evidence that some programs in low socioeconomic areas can provide a lower average quality of care than in more advantaged neighbourhoods (Cloney et al., 2015; Tayler, 2016). Specifically, the E4Kids study found that early education and care classrooms, within the lowest socioeconomic areas, had consistently lower levels of instructional support provided to children, which they identified as the most central component to improving educational outcomes. The study determined that this led to children being approximately 3.3 to 4.9 months behind their peers in more advantaged neighbourhoods on measures of verbal ability (Tayler, 2016). This was in addition to the difference already identified based on residence in a disadvantaged area. The study found a strong justification for prioritising improvements in program quality in the least advantaged neighbourhoods, and paying much higher attention to the programs experienced by toddlers, which is when it identified the most significant quality gap (Tayler, 2016).

... there is an opportunity to make a substantial difference to children's cognitive development well before school by having early childhood educators further develop skills in promoting children's learning. This finding is especially significant to the children living with a range of risk factors ... (Tayler, 2016, p. 7).

EVIDENCE-BASED EARLY EDUCATION AND CARE PROGRAMS

Evidence-based programs can increase the likelihood of positive outcomes. A number of studies discussed below identify available evidence of early education and care programs improving outcomes for Aboriginal and Torres Strait Islander children. These include some service types and specific program interventions. Critically, however, ensuring programs are supported by strong implementation science—including holistic programs driven by local communities that are responsive to community needs—is essential to achieving desired outcomes (see Section 7.4). There may also be successful local programs that are effective, but still require documented evidence to be gathered. In this instance, building on local programs and evaluating their impact is recommended, rather than introducing new external 'evidence-based' interventions. Similarly, programs may need adaptation to ensure a strong cultural fit to the relevant community.

To be relevant and meaningful to Indigenous communities, program adaptation is important and need not come into conflict with an evidence-based approach. The key is to understand the core (or potent) elements of a program and to be uncompromising in remaining true to these elements, while adapting other aspects of the program to be appropriate to the context in which they are being delivered (Bowes & Grace, 2014, p. 20).

Bowes and Grace (2014) provide a review and assessment of prevention and early intervention research literature that is focused on improving outcomes for Aboriginal and Torres Strait Islander children in the early childhood years. They conclude that:

Based on the 10 evaluations of programs related to early childhood education, Indigenous-specific programs, supported playgroups, and transition-to-school programs seem to offer the most promise for promoting change in the early learning and development of Indigenous children through interventions external to the family (p. 13).

The two 'Indigenous-specific' programs with high-quality evaluations identified by Bowes and Grace (2014) that showed good results were Home Instruction for Parents of Preschool Youngsters (HIPPY) and Let's Start. ('Indigenous-specific' refers to targeting Indigenous children and families.)

Emerson and colleagues (2015) systematically reviewed the evidence on the effectiveness of interventions (child and maternal health, early learning and positive parenting) that promote a good beginning for Aboriginal and Torres Strait Islander children. Early learning programs that demonstrated improved outcomes were the High Scope Perry Preschool program; the Abecedarian program; transition to school programs; and the Mobile Preschool Program.

The key relevant programs identified in these two studies are described briefly below. Further detail is contained in the annex to this discussion paper: [Early Childhood and Care programs for Aboriginal and Torres Strait Islander children](#).

- **Abecedarian program:** Children from low-income families receive full-time, high-quality educational intervention in a childcare setting, from infancy through to age five. Each child receives an individualised prescription of educational activities, which focus on social, emotional and cognitive areas of development, but give particular emphasis to language. The Abecedarian Approach Australia (3a) is an adaptation for young Aboriginal children living in remote communities. American longitudinal studies identified significant results, including that by age 30, participants were 42 per cent more likely to have been in recent employment; 81 per cent were less likely to have been recently receiving welfare; and they were four times as

likely to have graduated from high school than those who did not participate in the program (Campbell et al., 2012; Sparling et al., 2007).

- **The High Scope Perry Preschool program:** African American children experiencing disadvantage are provided with intensive early education and regular home visits by qualified early childhood teachers for two years. By age 40, participants were more likely to have graduated from high school; be employed; have higher earnings; and be less likely to have committed criminal offences than those who did not participate in the program (Brennan, 2013; Emerson et al., 2015). This program has not been applied in Australia with Aboriginal and Torres Strait Islander children, but was included in the study based on the level of evidence and outcomes.
- **Mobile Preschool Program:** Local Aboriginal staff are provided with training and resources to enable them to offer 10–15 hours of preschool education weekly in remote communities, with support from a visiting early childhood educator. An evaluation identified that children who had attended 192 days or more of mobile preschool were 6.5 times more likely to not be developmentally vulnerable in two or more AEDC domains than other children. Children had improved their fine motor skills and made cognitive progress (Nutton et al., 2013; Emerson et al., 2015).
- **HIPPY:** A home visiting program that focuses on parental involvement in early learning and helping parents prepare their children for school. Significant positive impacts were found across a number of important developmental domains and spheres of influence, including the child, the parent, the home learning environment, and parents' social connectedness and inclusion (Liddell, Barnett, Roost, & McEachran, 2011). Since this evaluation, HIPPY has been implemented in 100 communities, including 50 communities with high percentage of Aboriginal and Torres Strait Islander families. While there has been some qualitative evaluation, there has been no comprehensive evaluation of its impact. SNAICC has received feedback that suggests factors such as adequate flexibility, inclusion of local cultural context, and community leadership and ownership are critical to the success of this approach.

- **Let's Start:** A program for Aboriginal and Torres Strait Islander parents and their four- to six-year-old children with challenging behaviours in the Northern Territory. It involves 10 weekly sessions of parent-child constructive interaction, strategies for managing children's behaviour, and development of children's social skills through facilitated play. At the end of the program, findings indicated statistically significant reductions in problem and risk behaviours at home and school, with the effect increasing at the six-month follow up. It was particularly effective for girls (Robinson et al., 2009; Bowes & Grace, 2014).
- **Supported playgroups:** A recent evaluation found that attendance at a supported playgroup had a marked impact in all AEDC developmental domains, with children who did not attend a playgroup 1.7 times more likely to be developmentally vulnerable in one or more domains (Gregory, Sincovich, Harman-Smith, & Brinkman, 2017). Findings confirmed that children from lower socioeconomic areas were more likely to benefit from playgroups than others; boys benefitted more from playgroup attendance than girls; and non-Indigenous children benefited more from playgroup than Aboriginal and Torres Strait Islander children (Gregory et al., 2017). Reduced benefits for Aboriginal and Torres Strait Islander children may relate to a need for increased cultural competency of programs.
- **Transition to school:** For a child and their family, transition to school programs provide a foundation for future schooling life and educational outcomes, as well as more immediate support for emotional wellbeing and physical, social, emotional and intellectual development (Dockett, Mason & Perry, 2006; SNAICC, 2013). Essential program features for supporting effective transitions for Aboriginal and Torres Strait Islander children include: relationship building and engagement with a range of stakeholders; high-quality programs and experiences; strengths-based approaches; flexibility; cultural competence; and involvement of Aboriginal and Torres Strait Islander staff (SNAICC, 2013). The role of early education and care services involves:
 - a quality program that supports children's language and cognitive development, and prepares them for the school environment, rules and routines
 - strong relationships with schools, and the relevant school teachers, to enable common understanding of transition and joint planning, as well as communication on transition initiatives and individual children's experiences and strengths
 - support for families to overcome many of the barriers that they face in becoming 'ready' and supporting a successful transition for their child.

However, few specific transition to school interventions have been developed, and no efficacy evaluations are available (Emerson et al., 2015).

STRATEGIES TO IMPROVE ACCESS TO EARLY EDUCATION AND CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

A targeted focus on overcoming the barriers Aboriginal and Torres Strait Islander children face in accessing early education and care becomes all the more critical given the importance of participation in quality early learning for lifelong outcomes. It is clear from the complexity of barriers that strategies to improve Aboriginal and Torres Strait Islander children's participation in early education and care must address a range of issues, including community context, service type and approach, and targeting and engagement strategies.

Three key factors repeatedly emerge from the research as being central to improving access: local ownership of programs; employment of local people; and incorporation of culture within services. These have significant potential to overcome the cultural, provider and program barriers, as well as reduce the impact of the individual barriers.

(a) Local ownership of programs

An important factor in program success is the extent to which the program is community controlled and endorsed (Bowes & Grace, 2014, p. 3).

Aboriginal and Torres Strait Islander ownership of services has been identified as a key factor in improving service access and participation, redressing the trust issues many Aboriginal and Torres Strait Islander families have with early education and care services, and improving outcomes for both children and the broader community.

As Hutchins, Martin, Siggers and Sims (2007) note:

Indigenous communities all around Australia have very high expectations regarding their involvement and ownership of services and programs provided to improve and support their wellbeing. This relates to all levels of decision-making, policy development, processes and practices. Without this involvement there is no guarantee of participation (pp. 25–26).

The role of both the MACS and ACFCs in reaching out to Aboriginal and Torres Strait Islander children who are not otherwise accessing early education and care services illustrates the positive impact of local ownership. According to Trudgett and Grace (2011), 'the establishment of [MACS] centres is potentially the most important contributor to the decrease in the discrepancy between the rates of Indigenous and non-Indigenous enrolment in early childhood services' (p. 18).

Similarly, the evaluation of the New South Wales ACFCs in 2014 confirmed that, on average, 78 per cent of children attending child care through the ACFCs in NSW had not previously accessed early education and care (CIRCA, 2014).

Programs that are initiated outside the local context may also secure the support and engagement of local leaders (Flaxman et al., 2009). In this case, genuine partnership is central, requiring significant time and appropriate governance structures (SNAICC, 2012d).

Practical strategies that respond to the local context, like provision of transport, also flow from deeper understanding of the local context, local commitment and local ownership.

(b) Employment of local Aboriginal and Torres Strait Islander peoples

Successful implementation of programs requires employment of local Aboriginal and Torres Strait Islander peoples to deliver services and work alongside those delivering programs:

Innovative solutions and more intensive effort is needed to attract, retain and train Indigenous staff including flexible work arrangements, career start programs for Indigenous students in remote areas and vocational education and training (VET) and higher education courses that offer special learning environments for Indigenous students (SNAICC, 2012d p. 14).

Non-Indigenous workers also require high-quality ongoing cultural competence support, a commitment to connect with the community and value the trust and respect placed in them, and an ability to let go of rigid western notions of time (Bowes & Grace, 2014; Sims, 2011).

(c) Incorporation of culture

Evidence widely supports the importance of culturally secure models, which honour and incorporate Indigenous cultures, child rearing and other practices, and build positive cultural identities (SNAICC, 2012a; Ware, 2012). Many Aboriginal and Torres Strait Islander families see services with a contemporary western worldview of childhood as unsafe 'white fella' places (Kitson & Bowes, 2010).

Whatever the culture specific to an Indigenous family, the ability of a childcare service to recognise and incorporate cultural practice into the way the child and family is dealt with was identified as the most important aspect of child care for Indigenous children (Australian Government, 2006, p. 8).

Aboriginal and Torres Strait Islander community-controlled services, which are grounded within and managed by the local community, have a unique ability to apply these three factors, and, many argue, are therefore best placed to deliver the most culturally appropriate care (Sims, 2011). They incorporate Indigenous child-rearing principles and practices, which strengthen and nurture Aboriginal and Torres Strait Islander children's cultural identity (SNAICC, 2012a). They provide a safe space to build cultural pride, confidence and resilience to support

children to better respond to mainstream schools and racism that they may experience (SNAICC, 2012a). Community-controlled early education and care services that are equipped to build on the skills and strengths of their children, instead of emphasising their perceived 'deficits', provide a safe space for children to build confidence and learn, and ensure content is relevant and meaningful.

These strategies can improve participation in early education and care, but also have a profoundly positive impact on child outcomes, given the importance of cultural identity, self-reliance and adaptive coping strategies in assisting Aboriginal and Torres Strait Islander children to achieve their goals (Armstrong et al., 2012; Brennan, 2013).

A number of studies suggest that a range of Aboriginal and Torres Strait Islander practices could be implemented to improve the cultural safety of services (Ware, 2012). However, a lack of documented evidence regarding their effectiveness currently limits the ability of service providers to secure funding for them.

Other promising principles and practices

Other principles and practices identified as having the potential to overcome barriers in the absence of program evaluations (Hewitt & Walter, 2014; Kellard & Paddon, 2016; Ware, 2012) include:

- continuity of services and engagement with families from pre-pregnancy through to middle childhood within the one agency or location
- targeting Aboriginal and Torres Strait Islander engagement programs to families who have moved in recent times, who rely on government pensions and benefits, and whose children are in poorer health; and developing explicit programs that address the unique needs of these families
- providing services in a friendly setting, close to where Aboriginal and Torres Strait Islander clients live and conduct their daily activities
- providing transport, where relevant
- having a staff member within an agency who advocates for and promotes a program across one or more service providers
- long-term, stable funding and delivering long-term programs
- offering the choice of Aboriginal and Torres Strait Islander-specific and mainstream services
- reaching out to families and communities to build understanding of early education services and funding initiatives to encourage attendance

- policy frameworks and strategies specific to urban, regional, rural and remote areas to reflect unique barriers and opportunities.

ENHANCING A SUPPORTIVE PARENTAL AND FAMILY ENVIRONMENT

The provision of a strong and supportive home environment is central to positive early childhood outcomes for Aboriginal and Torres Strait Islander children.

The conditions under which families are conceiving and raising young children have a profound and direct impact on their capacity to care for and raise the children as they (and we) would wish. Our development and functioning are ecologically shaped—the immediate physical environments in which we are raised are what we respond and adapt to (Moore et al., 2017, p. 69).

Studies identify three elements of family strengthening that increase the likelihood of families being better able to provide nurturing care for their children and substantially improving development outcomes such as access to quality services; skill building, positive and responsive parenting; and support (Britto et al., 2017). The provision of support services is critical to redress complex issues that impact on this home environment and prevent families from implementing advice and information on early childhood development. These issues include mental and physical ill health, stress and depression, adult literacy levels, limited or no income, and poor housing and neighbourhood living conditions (Wise, 2013). Similarly, engagement and support for parents in their role of providing health care, education and parenting to their child is as essential in achieving positive child outcomes as early childhood education delivered directly to the children (Bowes & Grace, 2014). Interventions must also include opportunities to promote all components of nurturing care: health, nutrition, security and safety, responsive care giving, and early learning (Black et al., 2017). Interventions that integrate nurturing care and protection can target multiple risks to developmental potential at appropriate times (Britto et al., 2017).

Research in Australia and internationally indicates the need to develop ... high-quality, well-resourced integrated family support programs that have a holistic focus, combining education, health and wellbeing initiatives into seamless opportunities for vulnerable and at-risk children, families and communities (Sims, 2011, p. 12).

Early education and care service integration

Parental engagement can be effectively progressed through early education and care service integration. Service integration refers to increasing levels of cooperation, coordination, information exchange, joint planning, responsibility and accountability, and the development of formal partnership structures across different levels, from whole-of-government to direct service-delivery partnerships (SNAICC, 2012b).

Over time, integrated systems, with multiple entry points and 'no wrong doors', have the potential to respond more holistically to child and family needs by combatting service fragmentation and making a range of child and family services readily available (Brettig & Children Communities Connections Learning Network, 2016; McCain et al., 2007; Moore & Skinner, 2010; Sims & Brettig, 2018; SNAICC, 2012b). The early education and care setting is an ideal entry point, as a universal service, providing a 'hook' to draw families into the service system and 'ladder' them to additional supports and activities at different points throughout the lifecycle, as wanted and required (SNAICC, 2012b).

It is now well-established that service integration offers multiple benefits, including more comprehensive and cohesive services, and better outcomes for families and children (Emerson et al., 2015; McCain et al., 2007; Wise, 2013). Integrated service programs 'wrap around' the child and their family; they are better able to respond to specific family and community contexts, and typically seek to intervene early, prevent family breakdown, build from strengths and promote wellbeing.

Evidence on good practice suggests a series of components that are critical to effective integrated service delivery for Aboriginal and Torres Strait Islander children and their families. These include:

- a strengths-based approach
- genuine partnerships with Aboriginal and Torres Strait Islander organisations and communities
- targeting services to promote access for and engagement with Aboriginal and Torres Strait Islander children and families
- sustainable service delivery (SNAICC, 2012b; SNAICC 2012c).

Emerson et al. (2015) identify two evidence-based programs of integrated service provision that have been shown to improve outcomes for children: Best Start (WA) and Whānau Ora (New Zealand). Whānau Ora is a particularly innovative model that aims to work with Whānau (extended families) as a whole, rather than focusing separately on individual family members and their problems. Each Whānau has a practitioner or 'navigator' who works with them to identify needs, develop a plan to address those needs, and broker access to a range of health and social services. An initial study of the program showed improved family closeness (85 per cent), regular exercise (78 per cent), reduced smoking (54 per cent), more confidence in parenting/caring (84 per cent), improved housing security (71 per cent), income (71 per cent), and connection to culture (83 per cent) (Emerson et al., 2015).

Another example is the Family Activity Centre approach in FamilyZone, where a co-located space facilitated a range of universal and targeted supports (Sims & Brettig, 2018). It aimed to provide soft, non-stigmatised entry for families who were under stress. Families were engaged through a number of pathways, and significantly informed service design and delivery. Evaluation demonstrated a one-third reduction in children who were vulnerable in one or more AEDC domains at Ingle Farm, where a service operated, and a significant reduction across the four areas where it was implemented between 2009–2015 (Sims & Brettig, 2018).

The evidence now strongly suggests that parents, caregivers and families need to be supported in providing nurturing care and protection in order for young children to achieve their developmental potential (Britto et al., 2017, p. 91).

Evidence-based family-focused programs

A comprehensive international review of interventions related to early childhood development concluded that parenting programs aimed at improving parents' interactions, behaviours, knowledge, attitudes and practices, improved children's psychosocial, motor and cognitive development (Britto et al., 2017). The most effective parenting programs used several behaviour-change techniques, including media (posters and cards); opportunities for parents to practice play and responsive talk with their child; guidance and support for changing practices; and problem-solving strategies (Britto et al., 2017). The amount of time spent with parents did not significantly impact results.

One example of a successful parenting program is the Care for Child Development Package developed by UNICEF and WHO, which assists workers across a number of sectors to help families build stronger relationships with their children and solve problems in caring for their children at home. It recommends play and communication activities for families to stimulate their children's learning. Through play and communication, adults also learn how to be sensitive to the needs of children and respond appropriately (WHO & UNICEF, 2012). Several trials of this program have demonstrated improvements in the home environment and children's development (Richter et al., 2017)

In Australia, a number of evidence-based programs could potentially be used to help Aboriginal and Torres Strait Islander families create a positive home environment and support their children's

transition into school. Emerson and colleagues' (2015) review of the evidence recommended the following home learning programs based on strength of evidence, impact, likely reach, 'implementability', and potential for scalability and sustainability:

- **Families as First Teachers (FaFT):** Designed by and for Aboriginal and Torres Strait Islander parents, FaFT provides early learning programs, home visits, family workshops and individual consultations to Indigenous families to strengthen their knowledge of child development. The program has received strong qualitative feedback. Quantitative data is more limited, but one survey showed a 96 per cent retention rate for children transitioning to preschool, and program data indicated that around 60 per cent of families attend the program regularly (Bowes & Grace, 2014; Emerson et al., 2015).
- **HIPPY:** See Section 7.1.
- **Parents as Teachers (PAT):** Trained parent educators visit homes to deliver lessons and materials about child developmental stages and needs, and to conduct basic health and development checks. Evaluation findings indicate that this program leads to parents being more involved in their children's schooling and engaged in language and literacy promotion. Children are shown to have more advanced language and problem-solving skills, higher social development and increased readiness for school (Watson & Chesters, 2012; Emerson et al., 2015).
- **It Takes Two to Talk:** The Hanen Program for Parents: This program aims to increase the child's social communication skills and language development by enhancing the quality of interaction between the parent and child. Research has consistently demonstrated direct effects of this approach on various measures of communication and language development with young children with language delays (Emerson et al., 2015).

IMPLEMENTATION SCIENCE

The field of implementation science focuses on what factors support or prevent the implementation of a program or intervention in a real-world setting. It redresses the factors that obstruct the uptake, effective deployment and sustainability of proven programs, practices and policies in services to improve the quality of their implementation (Mildon, 2018). While evidence-based interventions are important, so are their cultural fit within a community, the broader system in which they are situated and the way in which they are implemented.

While specific research conducted from an implementation science perspective would be helpful to confirm which factors are critical to ensuring that quality, integrated early education and family-focused programs achieve their objectives in real-life settings. However, it is possible to draw conclusions about these factors from the evidence that is currently available. Following is a brief overview:

Holistic

International evidence highlights the importance of interventions that focus on the whole child and that combine health, nutrition, learning, and child and social protection with nurturing care and protection to improve child developmental outcomes (Britto et al., 2017). This reflects the importance of focusing on 'development' rather than 'education' in early childhood (Sims & Brettig, 2018), and is consistent with national evidence (Flaxman et al., 2009; SNAICC, 2012a; Sims et al., 2008; Wise, 2013). For Aboriginal and Torres Strait Islander children, culture is also central.

Improving early childhood outcomes also requires tackling the wider social determinants of health; that is, the 'upstream' family and community factors that contribute to disparities in early life outcomes (Moore et al., 2017; Wise, 2013). This is particularly important in the context of colonisation and its ongoing impacts of intergenerational trauma, poverty, community disempowerment and dislocation on Aboriginal and Torres Strait Islander peoples.

Being holistic further requires that services be flexible and responsive to local context, culture, priorities and rights (Bowes & Grace, 2014; Niddrie et al., 2017; Sims, 2011; SNAICC, 2012a; Wise, 2013).

Aboriginal and Torres Strait Islander ownership and leadership

Effective outcomes also require the active and ongoing participation of community members in the processes of identifying the ways in which rights are, or should be, met; designing and delivering program; program governance and evaluating program effectiveness; and implementation support and coaching (Emerson et al., 2015).

Engagement in children's education by parents and the wider community, and empowerment of the community in decision-making, including in forming contextually and culturally relevant curricula, are key to successful outcomes for Indigenous children (Arefadib & Moore, 2017, p. 68).

A program's 'cultural fit' reflects its capacity to recognise and cultivate strengths and encourage change that is driven by local communities. Aboriginal and Torres Strait Islander leadership and ownership are also central to ensure the service adequately values and incorporates culture throughout service structures, processes and practices (SNAICC, 2012a).

Strengths-based

Programs must be strengths-based (Bowes & Grace, 2014; Niddrie et al., 2017; Sims, 2011; SNAICC, 2012a; Wise, 2013). A strengths-based approach to early education and care builds on existing family, community and cultural strengths and expertise to develop children and family capacity, confidence and pride (SNAICC, 2012a). This includes things that may not be recognised as strengths in a white, middle-class world (Sims, 2011). A strengths-based approach recognises quality within Aboriginal and Torres Strait Islander services, which may look different to that in non-Indigenous services.

Sustainable and supportive policy context

The effective implementation of any approach requires a coherent and well-functioning service system, rather than one-off interventions or programs that do not respond holistically to families' needs. The experience of repeated short-term programs and trials has played a significant role in building apathy within Aboriginal and Torres Strait Islander communities (Bowes & Grace, 2014). Adequate, secure and sustainable funding and a

supportive policy framework are central foundations to enable service excellence and innovation, and to best position services to achieve their objectives with Aboriginal and Torres Strait Islander children and families (Brennan, 2013).

A coordinated policy approach within governments that addresses the needs of children from conception, and adopts a social determinants framework (Moore et al., 2017) is also critical to redressing inequality.

Building sustainable foundations encompasses:

- supporting a strong local Aboriginal and Torres Strait Islander workforce
- adequate long-term funding
- flexible operational structures and systems that are determined by services and respond to local context
- ownership or long-term control of land and building (Brennan, 2013).

Many of the former BBF and ACFCs are noteworthy examples of these principles in action. They deliver community-owned services in flexible, locally determined ways that meet community needs and build on community strengths (Brennan, 2013). These services do not cater only to the children who come through the door for specific programs, but rather seek to support all children (and their families) within the community who may be in need (SNAICC, 2016). They help to build stronger communities by nurturing strong local leadership, a skilled workforce and connected families (Brennan, 2013). The Federal Government's Stronger Communities for Children program also highlights a different way of doing business, aligned with these principles, that shows significant promise (Niddrie et al., 2017).

As a result of the goodwill and trust built up by [the BBF and ACFC] services and their staff, sometimes over many decades, they have tremendous potential to help 'close the gap' for Aboriginal and Torres Strait Islander children (Brennan, 2013, p. 2).

CONCLUSION

While there is much to be hopeful about, more action is required to progress equality in the early years for our First Nations children. There have been some improvements in Aboriginal and Torres Strait Islander early learning participation rates and educational outcomes over the past decade. However, Aboriginal and Torres Strait Islander children are still starting school with higher rates of vulnerability than non-Indigenous children. Outcomes for Aboriginal and Torres Strait Islander children are also lower throughout the school years.

The evidence tells us that both quality early education and timely implementation of integrated supports, which include families and enrich the home learning environment, are important and necessary to reduce long-term educational disadvantage in Aboriginal and Torres Strait Islander children. Evidence also suggests that the following essential principles can help guide policy-makers and service providers about where and how programs are implemented to improve outcomes for Aboriginal and Torres Strait Islander children.

- The incorporation of cultures and Aboriginal and Torres Strait Islander community ownership and leadership across all aspects of program design, delivery and governance is central, as is a strengths-based approach that builds on existing family, community and cultural strengths and expertise.
- Programs must also be holistic, focusing on the whole child and tackling the wider social determinants of health that contribute to disparities in early life outcomes.
- Finally, genuine and consistent improvement in outcomes requires sustainability, adequate and secure funding, a qualified workforce, flexible operational structures and systems, control over land, and a supportive policy context.

These principles reinforce the importance of maintaining a strong focus on children's rights, and particularly their right to develop to reach their potential, to ensure early childhood development does not shift to a narrow perspective on education (Sims & Brettig, 2018).

Applying these principles also redresses the major barriers to access and participation in early education and care for Aboriginal and Torres Strait Islander children. In particular, the most effective means to increase early education and

care participation and improve outcomes is through Aboriginal and Torres Strait Islander community-controlled service provision. Where this is not possible, genuine local participation and decision-making through culturally relevant and competent services is required.

In the absence of a cohesive policy framework, a concerted effort by all Australian governments is critical to deliver a cohesive national Aboriginal and Torres Strait Islander early childhood strategy in partnership with Aboriginal and Torres Strait Islander peoples.

Key priorities of this strategy should include:

- a nurturing care framework
- ensuring service accessibility, with particular focus on areas with high Aboriginal and Torres Strait Islander populations
- providing quality services
- improving the cultural responsiveness of services
- supporting holistic early education and family-focused programs that engage the family from pregnancy or soon after birth
- redressing data gaps.

Delivery mechanisms also need to be a central consideration, with evidence suggesting the inclusion of integrated multi-sectoral intervention packages anchored in nurturing care, applied at developmentally appropriate times, targeting multiple risks, creating supportive policy environments and building on existing delivery platforms for feasibility of scale-up (Britto et al., 2017; Richter et al., 2017).

SNAICC and ECA are committed to working with all Australian governments, and the early education and care sector, to progress this strategy and see equality for First Nations children in the early years.

GLOSSARY OF TERMS

ACFC	Aboriginal Child and Family Centre or Aboriginal and Torres Strait Islander Child and Family Centre
AEDC	Australian Early Childhood Development Census
BBF	Budget Based Funding program
CCB	Child Care Benefit
CCR	Child Care Rebate
CCS	Child Care Subsidy
COAG	Council of Australian Governments
Early education and care	Refers to all education and care services provided to children in the early childhood years from birth to eight
ECA	Early Childhood Australia
IPSUs	Indigenous Professional Support Units
JET	Jobs, Education and Training
LSIC	Longitudinal Study on Indigenous Children
MACS	Multifunctional Aboriginal Children's Services
NPAIECD	National Partnership Agreement on Indigenous Early Childhood Development
NQF	National Quality Framework
OSHC	Outside school hours care services
RoGS	Report on Government Services
SNAICC	SNAICC – National Voice for our Children
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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