

Early Childhood

Case Studies



**SECRETARIAT FOR NATIONAL ABORIGINAL AND ISLANDER
CHILD CARE & CENTRE FOR COMMUNITY CHILD HEALTH**

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SNAICC PROJECT: Introduction to the Project

Australian Indigenous children are among the most disadvantaged groups of children in our country, if not the most disadvantaged. Research has identified a number of disturbing issues and inequities facing this group of children and their parents. Major issues identified by SNAICC include access to preschool services and childcare, and escalating numbers of Indigenous children in out-of-home care.

There is now powerful, relatively new evidence from neuroscience that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life. Recent brain research has shown clearly that a child's brain development is intimately linked to, and influenced by, the child's environment – a complex interaction between genetic inheritance and experience. The care, nutrition and stimulation the infant receives affect the actual "wiring" of nerve pathways in the brain. Research has confirmed that some factors place children's development (including brain development) at increased risk, while other factors help to protect and promote that development. The more risk factors children are exposed to, the more likely it is that their development will suffer. However, the more protective factors there are in their lives, the more likely it is that they will develop well. Risk and resilience factors operate at the level of the child, the family and the community environments.

There is encouraging evidence that good nutrition, nurturing and responsive care-giving in the first years of life, linked with good early child development programs, improve the outcomes for all children's learning, behaviour, and physical and mental health throughout life. Good early child development programs that involve parents or other primary care-givers of young children can influence how they relate to and care for children, and can vastly improve children's outcomes in later life. The earlier in a child's life these programs begin, the better.

In addition, there is a growing body of evidence that patterns established early in life can have long term consequences in areas such as literacy, crime prevention, mental health problems and some adult health problems. Many of the developmental, learning and behavioural problems that emerge later in life also have their origins in the early childhood years.

In light of the range of evidence and renewed interest in the importance of the early years of life, Australian communities are now confronted with how to maximise young children's life chances by placing increased emphasis on rich, positive experiences for them and their families. The Centre for Community Child Health in Melbourne has been at the forefront of this advocacy campaign and in assisting communities to integrate this emphasis into their strategic planning towards improved community health and wellbeing.

Through the work of SNAICC, Indigenous groups have indicated their interest in these new findings. Consideration is being given to culturally appropriate ways in which the "Early Years message" can translate into initiatives for young Indigenous children and carers. There is a need for exploration of current practice within services for Indigenous children in their early years, and particularly their first three years. As a first step, CCCH and SNAICC have collaborated in a timely national project aimed at identifying and broadly disseminating examples of good practice or innovation in programs working with young Indigenous children and their carers.



PHOTO COURTESY OF BIRRELEE MACS

Main information source: *Centre for Community Child (2001), Best Start for Children – Summary of the evidence base underlying investment in the early years (children 0-8 years)*. Prepared for the Department of Human Services (Victoria). December.

PROGRAM TO IMPROVE YOUNG CHILDREN'S HEALTH & EDUCATION

BARUNGA COMMUNITY, REMOTE NORTHERN TERRITORY

Iron Deficiency Anaemia (IDA) is an ongoing problem in many Aboriginal communities, and is associated with reduced immunity to infection and delayed physical and intellectual development. About half of all Aboriginal children in NT remote communities aged under five years were anaemic in 1995 to 1998. IDA is commonly due to diets that are low in iron (ie lacking meat and vegetables) and other risk factors include recurrent childhood infections (White et al, 2001). Research on anaemia shows a direct link between IDA and delayed psychomotor development, and this may persist to age 5 or 6 and may result in permanent loss of IQ even if the anaemia is treated. Mild iron deficiency is also associated with low infant developmental scores, and poor attention span in school-aged children.

Remote Area Nurse, Peter Wordsworth, and staff at the Barunga Health Clinic found a marked increase in the number of sick children attending the clinic in late 2000, and many also had anaemia. Primary school teachers were also reporting that children were more lethargic and had greater difficulty concentrating in class. A screening program found that 90% of children under 5 years of age were anaemic. The health clinic and education staff responded to these high rates in the community by developing a School Based Program in 2001 for children under 13. This Program was developed in conjunction with the teachers, Aboriginal Health workers, doctors, Remote Area nurses, and the community. The program relied on collaboration of teaching and health staff. Activities included a school screening and treatment program, a nutrition program to increase the children's intake of iron, and "brain gym". The program began with a full screen of preschool, early childhood and primary school students, and included a hearing test. This was to identify any health and learning problems the children might have and to rectify them. Depending on results, the health staff de-wormed the children and started them on daily iron and orange juice with Vitamin C. The younger children were also given breakfast of weetbix, milk, milo and vitamin drops. The health staff visited the children every morning to check on their health and to give them their oral iron and vitamin supplements. This daily review was quick and it meant that many conditions were detected and treated early.

The review at the end of the first month was very positive, with most haemoglobin levels increasing to healthy ones. Later that year there were a number of cases (28) of gastroenteritis and rotavirus

(7). However, with the cooperation already in place between the school and the clinic, community education was more achievable with mothers presenting their children early in the disease and, with improved health due to the school program, only 4 children were admitted to hospital. Peter also noted that normally at the clinic with the start of the cold season, there is an increase in children presenting with chest infections, but not this year. At the school, teaching began about teeth cleaning and personal hygiene.

A nutrition program run by the teachers at the school complemented the treatment program. Its focus was teaching the children healthy choices and the importance of "strong blood". It included nutrition and cooking classes, subsidised healthy lunches from the store, giving iron and vitamin supplements, and providing breakfast, morning tea and lunch for the younger children, prepared by local mothers. One teacher remarked that *"the children are making healthy choices themselves in the store buying orange juice and yoghurt instead of coke and lollies"*. The store reported that the consumption of milk, orange juice and water was up.

Since the program began, Peter has noted fewer documented cases of chest infections, scabies and skin sores, and that the children were generally healthier and happier. All staff noticed a dramatic change almost immediately. Peter stated that *"Their overall haemoglobin was up, and the kids' energy levels drove the mums crazy - you literally had to peel them off the wall - the kids just have so much more energy since we started this program"*.

In the last term of 2002, the primary school developed a nursery school program in the mornings for children from birth to school entry age, and this group was also included in the health program. In the 3 and 4 year olds, there was a decrease in the prevalence of anaemia. Many children who had not been eating a lot started actively looking for food. Babies were brought to the nursery program for play and developmental activities, and social interaction with children of similar age. A parent/carer was required to stay with the younger children and the nursery school organises training and education options for the carers, run by the supervisor and local health clinic. Most of the mothers are also involved in the daily running of the nursery school with preparing meals, washing toys, and cleaning. Younger parents learn new skills from the older more experienced mothers, such as how to wash and care for their babies, hygiene and basic cooking skills. Now carers prepare breakfast for the children at the nursery school. In the afternoons, some carers mind the babies of the young mothers who go to the local adult education centre for sewing, reading, and writing classes.

A behavioural and developmental optometrist and educational kinesiologist from Darwin visited Barunga for one week to assess the children and coordinate a registered BRAIN GYM program. This consists of simple movements similar to those performed naturally by young children as part of the process of brain development. This

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apparently can have a positive impact on children's reading ability. The teachers commented that "*Kids' reading has improved in leaps and bounds – they are now reading at a much higher level*".

PROMISING RESULTS

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

- The average haemoglobin level has increased to normal levels.
- Children's attention and performance has improved. The children are achieving benchmarks for key education skills that are reaching those of urban students. Teachers commented that "*There is a noticeable improvement in their behaviour – they concentrate more and are well behaved.*"
- By early 2003, hospital admissions had dropped from 26 per year for under-5 year olds to zero admissions for under-20 year olds, and attendance at the clinic had decreased.

- Children were making healthier choices.
- There are less cases of skin sores, head lice, scabies and chest infections.
- There are increased weight gains (some putting on more than 10 kgs).
- There are increased school attendance rates.
- There is increased communication between health and education staff and the community.

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

BETTER INTEGRATION OF EARLY CHILDHOOD SERVICES

A WHOLE OF GOVERNMENT INITIATIVE IN ALICE SPRINGS AREA (NT)

An interesting initiative is being undertaken in the southern part of the Northern Territory to improve the effectiveness of early childhood services at a local level by integrating early childhood funding and working with remote Indigenous communities to implement their preferred service delivery models. This initiative recognises the importance of early childhood development and its impact on life outcomes.

The following departments are involved in this capacity-building initiative:

- Commonwealth Department of Family and Community Services
- Northern Territory Department of Health and Community Services
- Northern Territory Department of Education, Employment and Training
- Commonwealth Department of Education, Science and Training

The above government departments are currently undertaking consultations with three remote Aboriginal communities (Yuendumu, Mt. Leibig and Mutitjulu) on their preferred service delivery model for children's and family services and how these services might

be supported. Services' models will not be constrained by physical infrastructure and might include a mix of preschool, childcare, child nutrition programs, and any other services related to early childhood development (eg child health clinics, playgroups, audiometry clinics).

One option being explored is the idea of child and family centres that might be more like community centres or early childhood hubs offering various in-house and outreach inter-generational learning activities involving young children, parents and also older people talking about their culture.

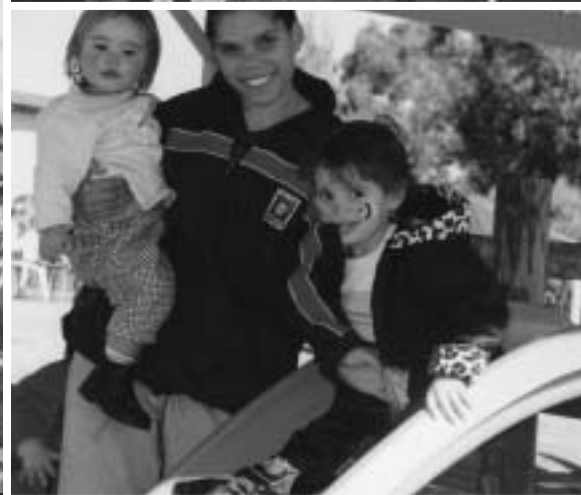
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BIRRELEE MULTI-FUNCTIONAL CHILDREN'S CENTRE (MACS)

TAMWORTH (NSW)

Birrelee MACS is situated in the large rural town of Tamworth in northern NSW. Birrelee is licensed to have 39 child places: 14 0-3 year olds in the "nursery" and 25 places in the preschool which runs for a full day. Their license allows up to 5 under-two year olds. Approval of the Department of Children's Services (NSW) is required before the centre can take more than its approved numbers, which happens in an emergency situation. For example, if a child is at risk, the centre gets referrals from the women's refuge. There are 11 staff members and many of them have worked at the centre for 8 to 10 years. There are 7 Aboriginal and 4 non-Aboriginal staff members, and all casual workers are Aboriginal. At any time the centre has children from about 80 families. A bus service picks up over 50% of the children in the morning and drops them off at their homes later. Staff rotate the job of accompanying the bus, and this also provides an opportunity to maintain personal contact with parents and face-to-face discussions regarding the children. Some families come from outlying areas and many are fairly itinerant. The centre employs a cook and a full nutritional program is included, with the children being given morning and afternoon teas and lunch. Some children are also provided with breakfast. There is a resource library at the centre, and the preschool children have a monthly excursion to the local library. The centre is able to borrow books that the children select. Staff then read the books to the children back at the centre, but children do not take them home.

The staff work with the local Early Intervention network to support families with children experiencing problems such as speech, hearing, vision, intellectual and physical developmental delays, and behaviour. Staff of Birrelee attend the "New England Network" meetings, along with staff of other key agencies including the NSW Department of Children's Services, schools, and early intervention staff. Birrelee employs a full-time registered Early Childhood nurse with midwifery and childcare qualifications. She and the early childhood teacher assess children and also refer. All early intervention services at the New England Health Service are free but some, including the early childhood teacher and the child psychologist, have long waiting lists. Birrelee has got around this problem by using a private optometrist who charges the Medicare fee only. Any spectacles are also free. The centre has a dental program started by the Aboriginal Health Service, and all the children at the centre are given toothpaste and a toothbrush. Family support workers offer parents help with budgeting. The Director, Connie Newcomb, researched what agencies there were for screening and which were the most economical and accessible. The children are screened for hearing and vision through the Australian Hearing Association and the Royal Institute for Deaf and Blind Children, who come up from Sydney 2 or 3 times per year at no cost.

In terms of parent involvement with the centre, parents can attend at any time. Staff members ask parents to come to the centre for a parent-teacher interview for each child. A parent attends all staff meetings. Many parents and carers come to cultural events organised by the centre. During NAIDOC week there are 4 days of activities at

the centre, including an open community day when at least 150 people attend, both Indigenous and non-Indigenous. On the Friday, the centre closes so staff can join the community for the official march and celebrations, and they help out at a Family Fun Day with activities like a morning tea for the elders' tent, face-painting and sports events. Birrelee staff also participate in the annual ATSI Children's Day on 4 August – a community celebration day on the nearest Sunday, to allow maximum attendance. When there is a staff development day at Birrelee, they invite the parents if it is relevant to them, such as a presentation on managing child behaviour. The centre director commented that it is easier to get parents to come to workshops or meetings if there is food offered. If a child is having any problems such as delayed development, the parents are included in designing a special action plan for that child with the staff. All the preschool and childcare staff are aware of any special programs for a child needing early intervention.

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

School transition programs are coordinated by Birrelee staff and the local primary schools. The children from Birrelee go to about 5 or 6 local schools, with Hillview Primary School one of the main ones. The program is coordinated by Aboriginal Education Assistants and funded by the schools. The transition program at Hillview school involves the Indigenous children spending a half day per week at the school from the beginning of the fourth term before they are due to attend school. There are 8 Aboriginal Education Assistant positions in Tamworth, of whom 5 work in local primary schools. Their role includes organising the transition to school programs before the children start school, coordinating the Aboriginal cultural curriculum (for Indigenous and non-Aboriginal children), supporting the families of the children, and trying to support the children to stay at school. All children in the preschool of appropriate age go on to attend primary school. Birrelee has recently acquired computers in the preschool room through fund-raising, and these should help the children's readiness for school.

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COFF'S HARBOUR ABORIGINAL FAMILY COMMUNITY CARE CENTRE INC.

NEW SOUTH WALES

In November 2001, an independent evaluation was conducted of available services in the Coff's Harbour area on the northeast coast of NSW. Staff of Coff's Harbour Aboriginal Family Community Care Centre (CHAFCCC) were concerned at the low levels of Aboriginal families' participation in mainstream services. In addition, some local mainstream services asked CHAFCCC why they did not refer Aboriginal people to their programs. CHAFCCC and Burnside Uniting Care family support agency entered into discussions about this very low participation of Aboriginal people in their services and what might be done to improve this. It became clear that Burnside and a number of other mainstream agencies needed training to become more culturally appropriate. The two agencies agreed on a memorandum of understanding aimed at developing more culturally appropriate practices so that more Aboriginal people would feel comfortable in accessing services. The partnership has also developed a combined system of intake and referral for people coming in to either of their services. Indicators of improvement in Aboriginal access to mainstream agencies will be monitored.

There are 3 aspects to the program:

1. Training Aboriginal mentors for first-time parents of 0 to 5 year old children

The two agencies decided that a program to support young first time Aboriginal parents around pregnancy and early parenting in the community was needed, as many of these parents were not accessing these services. A mentor scheme was raised as one possible approach for discussion. An early step in the planning was to consult the local Aboriginal community about such an approach. Community members were then asked what qualities they would like to see in an Aboriginal mentor. The approach was discussed and planned carefully over some time. People were encouraged to apply for the mentor positions. Interviews were held with possible mentors, drawn from people according to a number of factors. These factors included being known and respected in the community, worked in the community, how they raised their own children, their particular skills, their time constraints, level of maturity and their cultural base. 16 people were interviewed and 10 chosen to receive mentor training. The mentors chosen were aged between 24 and 50 years, and there were equal numbers of male and female mentors.

Training of the 10 mentors began at the beginning of 2003. The group has been deliberately kept small so there will be high levels of support for the potential mentors. A training package was developed by two program coordinators to meet the needs of the potential mentors. It includes understanding the role of mentor and ways of developing helping supportive relationships with new mothers. The mentors will receive education about referral systems, ways of accessing services, the role of midwives and other professionals, early detection of post-natal depression, learning about family and community involvement,

and how to encourage new parents to be involved in the scheme. They will also learn about their limits and their responsibilities when working with people, such as treating things that a new parent might discuss as confidential, and recognition of their limits when being a mentor to a parent. The training is due to finish in December 2003.

The group chose four 2-day weekends as part of their training, when they went to the local Aboriginal Corporation and were trained by an experienced Aboriginal teacher / facilitator. Training included a lot of role-playing certain situations with a parent, and exploring different possibilities that might arise in working with a parent. The local TAFE will provide a certificate of Mentoring for those who complete the training, as a consultant from TAFE is overseeing the training to ensure that an appropriate standard is maintained. It is hoped that the course may be picked up by TAFE as an accredited TAFE course which may open up pathways to further accredited study for these mentors (eg welfare studies).

2. Mentors for fathers

Burnside has now developed a men's program for all men interested in attending. 5 men will be trained to act as mentors to run other men's groups, and it is hoped that in the future an Aboriginal man will be trained as a mentor.

3. Mentoring selected Aboriginal people to run playgroups

Burnside staff are training people (mentors) to run Aboriginal and non-Aboriginal playgroups with parents and their young children. They will try to encourage families to come to the playgroups. These mentors will be taught about how to run a playgroup and how to help or counsel people in the playgroups who have problems (such as problems with their children).

The above three initiatives will be monitored for their success in helping Aboriginal families to access mainstream services, and for the success of agencies like Burnside to work with Indigenous families in ways that are more culturally-appropriate.

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REMOTE CHILD CARE CENTRE

GALIWIN'KU COMMUNITY ON ELCHO ISLAND (NT)

In 1999, a purpose-built child care centre was built at Galiwin'ku on Elcho Island for children 0 to 3 years old. In April, 2003 there were 29 children attending, of whom most were children of parents who worked. The child care centre charges parents \$5 per day, which is automatically deducted from their pay. The centre has 5 community members on the child care committee. All of the staff are Indigenous and have either completed a Certificate 3 in Community Services (Children's Services), or are currently studying for this and are involved in the Community Development Education Program (CDEP). Activities with the children include finger-painting, reading stories and singing in both their own language and in English, doing puzzles, and sponge-painting. They are involved in the BBC ("Breathing, Blowing, Coughing") health program. The centre offers a breakfast program for all children.

The children are all in together, but in 3 areas – one for 1 year olds, one for 2 year olds and one for 3 year olds. All the children stay all day (from 8 am to 4 pm), except for those who attend preschool in the mornings until 11.45am (currently 4 children). A bus brings them back from the preschool, which is part of the school system. The preschool children love singing, and they do activities such as counting, naming shapes, recognising their names and some other words. They also learn manners and the importance of washing hands before eating. The children go from there to the local primary school which has about 400 children. The teachers at the school have commented that the children who have entered school after attending the child care centre are ahead of those who did not attend the centre.

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Because the centre is right in the middle of the community, it is easy for staff to ring the mothers who are breast-feeding to come to the centre when their baby needs to be fed. There is a monthly clinic run by medical staff, but the children and their parents currently feel more comfortable with the child care staff who can worm the children, and monitor their weight and height. Policies have been introduced such as staff have to smoke outside, and parents have to register their child for child care each day and sign them off. If a child is unwell, staff will ring a parent (or relative) to take their child to the clinic. Parents also take their children to the clinic for immunisation.

Parents of the children are involved with the child care centre in several ways, such as raising money for the child care centre by running a market every fortnight, and selling clothes, food, fish and crabs. Other people involved in CDEP help catch the fish. People on CDEP help in other ways too, such as building cupboards and making sandpits, and the Aboriginal Council help them. Parents and extended family take the children on excursions eg to the beach or to the bush to collect wild honey and other traditional foods.

The child care staff have a close relationship with their closest child care service at Yirrkala by talking and sharing ideas over the telephone. The Commonwealth Department of Family and Community Services has made some funds available for staff to travel to see other child care centres to exchange ideas.

HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPY)

LA PEROUSE, A SUBURB OF SYDNEY (NSW)

The Home Instruction Program for Preschool Youngsters (HIPPY) is a 2 year, home based early childhood enrichment program for preschool children targeting communities who have experienced disadvantage. HIPPY was developed by a team of early childhood educational experts at the Hebrew University in Israel, and it now runs in a number of countries. HIPPY believes parents play an important role in their child's education and can be wonderful teachers of their children prior to beginning school. HIPPY builds upon parental strengths so they can provide their child with the necessary skills and confidence to begin school with a positive attitude towards learning. HIPPY provides employment to a number of parents in a community who work as Home Tutors. These Tutors, who also have children in the program, meet regularly with parents and teach them how to use the weekly

activity packets and storybooks with their child. Whilst the activities are educationally based, the main aim is for parents and children to have fun together.

The materials used in this program are highly structured and the program runs over a 2-year period during school terms. A professional Coordinator heads up each HIPPY program and employs a small number of parents in each community as paid Home Tutors. The Tutors are also parents in the program and implement the activity packets with their own child. Parents are visited fortnightly by their Home Tutor who helps and trains the parent to teach the weekly set of activities. The emphasis is on improving learning and, in particular, language and cognitive development, and about having fun with their

child while learning. The parent then spends about 15 minutes each day of the school week, during term time only, working through the activities with their child. On alternate weeks the parents attend group meetings where training is done as a group. This is followed by an enrichment activity or workshop on topics previously decided by the parents. These meetings also provide a space for parents to discuss any concerns they are having with their child, and to obtain information on local issues, child development and anything else that is important and relevant to parents in the community. The parents love these meetings and there is a lot of fun and laughter in the group. Most importantly the group meetings also help in creating friendships and decreasing the sense of isolation felt by many families in disadvantaged environments.

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

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

The HIPPY Program is based at La Perouse public primary school, where the program has its own room. The program first started in 2002 with 3 Home Tutors who are Indigenous mothers with four year olds. Many of the participating families are single mothers with other children. The local Aboriginal community wanted to include some non-Indigenous families. The program started in early 2002 with 30 families, of whom 23 were Indigenous. The children who did the program are now in the first level at school and they will complete the 2-year program at the end of this year. Each program has a local advisory group comprising local community representatives which enables the community to have a voice. This group may include Aboriginal elders, early childhood workers, parents in the program and anyone else the community thinks would assist in the growing development of the program in that community.

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

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

Some of the staff at the school have made comments about the children now doing their 2nd year of the program, saying that they are more confident at school, more settled, taking things home from school and they are eager to learn. It is a big commitment for the families over two years. The project is now funded by the Stronger Families Strategy until late 2003 at least. It has cost about \$150,000 to start up and run the program for 2 years, and they are hoping for further funding to maintain the program. There has been some interest from other Indigenous communities.

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

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PLAYGROUP QUEENSLAND – INDIGENOUS PLAYGROUP SUPPORT WORKER

QUEENSLAND

The organisation Playgroup Queensland currently employs an Indigenous Playgroup Support Worker, Lesley Olsen, who is employed for 8 hours per week to support Indigenous playgroups. Playgroup Queensland is a not-for-profit organisation promoting the formation and development of playgroups in Queensland. Playgroup Queensland defines a playgroup as: *“an opportunity for children to learn through play and interaction with other children and adults. Playgroups provide an opportunity for parents and carers to exchange ideas and information and develop social networks in a supportive community environment.”*

Lesley has been working with Aboriginal and Torres Strait Islander (ATSI) communities in and around Brisbane. She aims to increase knowledge of playgroups and early childhood education and establish culturally specific playgroups for families with children aged 0 – 5 years. She is available to meet with members of a community in and around Brisbane to provide information on starting a playgroup, and to assist it once established. She can also provide a suggested playgroup program and activity ideas and resource sheets to the playgroups as well as loaning the playgroups sturdy toys and giving ideas on culturally friendly music and books. She also offers information and telephone support to the community playgroups.

The Indigenous playgroups are *mostly* established with a playgroup coordinator who may be paid or unpaid. It is expected that playgroup attendance will increase the skills of the children attending and assist them to become more ready for school. The worker also encourages enrolment and attendance at preschool. She now also provides support and information for rural and remote Indigenous Playgroups in Queensland. An information booklet has been developed by Lesley with guidelines for setting up a playgroup and to assist playgroup workers in their role. Playgroups do not require expensive equipment to entertain children. Instead, the emphasis is on the adult/child, child/child and adult/adult interaction. Parents are the first and most influential teachers of their children in the early years of development. Each playgroup needs to function in a way that suits that particular group of families.

This Indigenous Playgroup Support Worker position developed from previous work undertaken in 1995-96, highlighting the resource needs of Playgroup Queensland to establish local playgroup networks that meet the needs of ATSI families. It further advised that:

- the playgroup model fits well with the culture of ATSI communities
- culturally specific ATSI playgroups are needed in communities
- once established, these culturally specific groups may well be open to the wider community.

Another project, the “Increasing Participation of Aboriginal and Islander Families in Playgroup Project”, was then established in 1998 and an Indigenous Project Officer was employed by Playgroup Queensland. It was seen as being very successful, both with the number of playgroups established and networks with Indigenous communities. Outcomes from the project are that:

- community consultation often takes many months for the community to reflect upon and make a decision
- there is vital need for transport for the families
- the service must be affordable
- the need for culturally appropriate resources for the children, as families with urban Indigenous origins have not had extensive experience of cultural activities
- funding to continue this work would include seeding funding to provide transport, a venue and basic resources in the first vital months of a new playgroup being established.

Through this work, Playgroup Queensland has developed a positive relationship with ATSI organisations, kindergartens and preschools throughout Queensland. An example of Lesley’s support work is described below.

KERIBA WARGUN - ATSI ORGANISATION FOR WOMEN QUEENSLAND

Keriba Wargun is a drop-in support and referral centre for Indigenous women in Brisbane. Women are assisted with problems such as housing problems or homelessness, and access to medical or other services. The Centre has close links with agencies/services such as the Department of Families, Centrelink, an Indigenous Health Unit and a Women’s Legal Service. A women’s and children’s group began at Keriba Wargun in the suburb of Geebung in January 2003, with assistance from Lesley. The group runs every Tuesday between 10am and 12 midday. Lesley started bringing toys and a blackboard to the room, and providing food. She has found that setting up a playgroup can take some time and patience for people starting one, and mothers coming need a lot of encouragement initially. In the early stages of the group, she sometimes found herself alone with no women and children attending. Keriba fortunately has their own community bus, so the children and parents can be collected. Morning tea is provided for the families. The policy is that mothers must stay with their children during playgroup. The children love coming, and there are now new people almost weekly. On other Tuesdays nobody might come. Lesley believes that some mothers come to get a rest from household chores and for some company, and some are new to the area. Others ring for help and are told about the group. Many of the mothers come initially

not knowing each other. Some have problems so Lesley may stay behind to talk to them more privately.

Keriba Wargun organises guest speakers to come and talk to the women who use their agency, and this can include mothers from the playgroup. Topics have included broad health forums, asthma management (from a representative of Queensland Health), speech concerns (a speech pathologist), and changes to welfare (Centrelink).

The experiences of Keriba Wargun show that, although a playgroup may have transport and a venue provided, there is often a need for a competent person to coordinate the playgroup. This encourages families to attend as the parents/carers do not all have the confidence to facilitate a playgroup session even after attending for several months. Lesley's approach is to start up a playgroup and help support it for some time. When it has run fairly smoothly for a while she slowly exits from the group when she has found someone else, preferably one of the parents, to coordinate the group. This can take some time to happen.

References

NB. Some of the work described here is drawn from two Playgroup Queensland documents:

1. Playgroup Association of Queensland (2002), All About Playgroup.
2. Playgroup Association of Queensland Inc (1999), Report of 1998/1999 "Increasing Participation of Aboriginal and Torres Strait Islander Families in Playgroup" Project. Sponsored by Department of Families, Youth and Community Care, Office of Child Care, Access and Equity Program.

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JALARIS ABORIGINAL CORPORATION PROJECT

DERBY, KIMBERLEY REGION OF WA

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

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

In 2002, Jalaris was given 3 years funding by the Stronger Families Fund to establish a drop-in centre catering for children 0 to 12 years and young mothers. This project had over 400 clients on its books by June 2003, with an average attendance of about 18 children. It employs 3 Family Support Workers, a Project Coordinator and 3 trainees. The Project Manager (and CEO of Jalaris), Brett Morris, works full-time but contributes his labour as a volunteer.

The Drop-In Centre proved very popular for the children and convenient for their parents, but it soon became overwhelmed with high numbers of children. Staff concern grew as many of the parents were just



dropping their children off for someone else to mind. The project was re-designed to focus specifically on family health, and to concentrate on parenting and health education, with childcare and nutrition as one aspect. This involved the remodelling of buildings to provide a room for mothers to learn the skills they wanted (including sewing, cooking, computer skills, first aid, driving and art). By June 2003, the focus had shifted to young mothers and their pre-school aged children. The new strategy of children needing to be accompanied by an adult has provided a whole new beginning.

CHILD NUTRITION

Despite setbacks along the way, in May 2003 a TAFE agreed to provide an Aboriginal Short Course in Nutrition, Cooking and Hygiene for 10





YOUNG WOMEN'S PROJECT

After re-development, the Young Women's Centre officially re-opened in late October 2002, and the response from the women was fantastic. Unfortunately it burnt down in December 2002 and lost equipment, but with Shire assistance it re-opened in the Derby Neighbourhood Centre in February 2003. The Centre is auspiced by Jalaris but functions separately. The women are taught the life skills they want at the centre eg computer use, craft, sewing, cooking and learning to drive lessons. The women have together made their own budget cookbook. There are also classes on literacy and numeracy through the local TAFE. The women have loved all these activities. Each Thursday, Community Health or DAHS alternate with discussions on health issues such as nutrition and pap smears. 2 creche workers, currently enrolled in the Certificate 3 in Child Care through the TAFE in Broome, mind the children in an adjacent room with lots of activities and stimulation. Children also mingle with their parents in the training rooms. Training in parenting skills continues to be offered through the Young Women's Centre and Skillshare workshops. A psychologist in FACS (Broome) is hoping to run a Triple-P parenting program with the women.

students, conducted at Jalaris. The first Good Food BBQ was attended by nearly 50 women and children, including representatives from the Derby Aboriginal Health Service (DAHS) and Community Health. On school days a trainee nutrition worker teaches children to make their own nutritious meal at the Mungarri Drop-In Centre. This strategy is also designed to attract truanting children to the Centre where staff can try to encourage them to go back to school.

Identification of parents whose children are having nutrition problems has been established. Argyle Diamonds and Western Metals

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

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

PROMOTING LINKAGES BETWEEN AGENCIES

Jalaris consults and cooperates with all relevant agencies and stakeholders (eg schools, drug and alcohol services, health services, police and local government). Jalaris has an Advisory Group, drawn from representatives of these and other organisations (eg the



Kimberley Public Health Unit nutritionist; the FACS Manager in Derby; and community elders). The community response to the Drop-In Centre has been overwhelmingly supportive, both in terms of the clients who have come and the help received from other community organisations and businesses.

BUILDING SELF-ESTEEM

Family support staff at the Drop-In Centre are attending courses to be trained in building self-esteem in children. The bush camps also contribute to building confidence in their culture and identity. Children are being introduced to various arts and crafts, and being rewarded by exhibiting or publishing their work. In addition, the establishment of a Women's Room with its own computer, fridge, microwave, sewing machines and TV/Video player has noticeably raised the morale of the women. Men can only enter by invitation, and there is a good deal of laughter provoked by this innovation. The women are now producing hand-painted bags, items of clothing, curtains and artwork.

TRAINING

Jalaris tried to establish traineeships for 6 young people in 2003 with Workbase in Broome, but had no success, so simply took on 3 young women themselves. They then negotiated with TAFE to train these women plus 7 others in an Aboriginal Short Course.



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KOORI KINDERMANNNA PRESCHOOL - WOOMERA ABORIGINAL CORPORATION

ALBURY (NSW)

The Koori Kindermannna Preschool for 3 to 5 year olds is in its 4th year of running now, having initially started as a supported playgroup. It is the only Indigenous preschool in Albury, and it is licensed for 18 children. However there is a very large waiting list. Attendance is free. Most of the children attending have had no other service experience (ie no child care nor playgroup). The local women's refuge has a number of children but they cannot fit them in, except for the very occasional one in an emergency. Preschool runs on 3 days per week except for school holidays. A bus picks up Indigenous children from all over Albury and this takes about 90 minutes in both the morning and the afternoon. The children are at the preschool from 10.30 am until about 2 pm, although it is licensed between 9 am and 3.30 pm. The preschool offers a nutrition program for morning tea and lunch. The preschool is situated in the main room in the community centre at the Woomera Aboriginal Corporation. The Coordinator, Terry Hawkins, has been there for about a year and a half, and she is qualified in preschool teaching and childcare.

The preschool runs a fairly loose program both indoors and outdoors. The children often prefer to be outside. The parents want their children to be ready for school, so preschool helps the children to develop social skills so they will fit in when they get there. All of the children speak English. The feedback from the primary schools that these children mostly attend indicates that they settle better into school than those who have not had a preschool experience. The preschool teacher and her co-worker teach the children things that will ease their transition to school, such as how to find and put on their own shoes, and how to sit and listen at "group time". She explains that there is early literacy and early numeracy in almost everything they do with the children. For example, she prints off their own nametags to stick onto the top of their paintings so that they learn their written names. Similarly, their sun hats have their own names inside the brim. They follow the Sun Smart Program's policy. Attention is paid to the children's fine motor skills. The children listen to at least one story every day, and they have a small selection of books which they are building up. A local library comes to them once per month with a bag of books, which remain in the centre for a month. The centre has had 4th Year Charles Sturt University Bachelor of Education students working with them on a numeracy and literacy program, and some of these students stay on for a time as volunteers when their degree is finished. The University students bring lots of learning games in colourful cardboard boxes

that help children to count, match cards, and learn pre-maths skills like sequencing objects by size, number and shape. The "numeracy boxes" go to the children's homes over the weekend, and they love playing with them, often also with adults and cousins. The preschool teacher commented that the

children's parents and broader family members were very pleasantly surprised at being trusted with this equipment. The preschool also has several 4th year Speech Pathology students working individually with some of the children each week for a short period of time.

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

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

As well as the preschool, there are a number of other programs running out of the Aboriginal centre building including the home care office, community transport and the community development office. This system works well, with lots of the community members interacting with the preschool children like an "extended family". The children's parents also feel comfortable with their surroundings and community staff. The preschool room, which is used for other purposes outside preschool hours, has lots of pictures and photos in the room, many of which relate to Aboriginal culture, and there are also several Indigenous musical instruments eg a didgeridoo. A local TAFE has a Koori art unit and they sometimes work with the children. One time they combined forces to make three lovely hessian wall-hangings. On Fridays, some older ladies chat and sew together, often making things for the children. For instance, they recently made cloth "dilly bags" for the children to paint or print on.

Terry accompanies some parents to sessions on school orientation and will sometimes sit with parents in the class several times so that the child and family become familiar with the school and its routines. All the current preschool children will be eligible to go to primary

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school next year, but a number of younger ones often benefit from another year at preschool.

Parenting programs are being run by Mungabareena Aboriginal Corporation at Wodonga, just across the River Murray from Albury. Parents (including those from Albury and Kindermanna preschools) were asked what they wanted in the way of programs, and most indicated parenting education and parenting support. The local parents keep

going back to these sessions. There is also a need for occasional care or respite childcare. Orana Family Services run a playgroup especially for children with additional needs (such as disabilities) and they also have a worker who will come to the preschool for about 4-5 hours per week to work with these children. Other services that come include a dental service, a community nurse who does vision and hearing screening, and an immunisation service (for parents also).

KOORI EARLY CHILDHOOD FIELD OFFICER POSITION

VICTORIAN DEPARTMENT OF HUMAN SERVICES

The Department of Human Services (Victoria) administers the Koori Early Childhood Education Program which aims to enhance and increase the preschool participation of Koori children. Each of the 9 regions of the Department employs a Koori Early Childhood Field Officer (KECFO) to develop and implement the Program at a regional level. Each KECFO will work with local Koori communities across the region to develop strategies and initiatives to increase the preschool participation of Koori children. A KECFO liaises between preschools and Koori families to facilitate and enhance Koori participation and involvement. They advise the Department on Koori issues related to early childhood services and monitor services funded through the Koori Early Childhood Education Program. The Program is coordinated at a statewide level by the Koori Early Childhood Services Liaison Officer based in the central office of the Department in Melbourne.

KEY ACCOUNTABILITIES

- Promote within Koori communities the importance of preschool programs for Koori children.
- In consultation with Koori communities, identify local barriers to Koori preschool participation and develop and implement strategies and initiatives to overcome these.
- Liaise between Koori families and preschool services to facilitate and enhance the participation of Koori children and the involvement of Koori families.
- Facilitate the provision of cross-cultural programs and resources for preschool staff.
- Provide advice and support to regional staff regarding cultural issues in Koori early childhood services.
- Support, monitor and evaluate services funded through the Koori Early Childhood Education Program.
- Participate in regional and statewide forums and professional

development in-service programs related to the Koori Early Childhood Education Program.

KEY SELECTION CRITERIA

- A sound knowledge and understanding of Koori culture and community needs and an ability to communicate sensitively and effectively with Koori people.
- Demonstrated experience and ability in liaison, consultation and negotiation with a wide range of individuals and organisations, particularly within the Koori community.
- Demonstrated ability to work both as a team member and to work independently with minimal direction.
- Ability to prepare clear and concise written reports and correspondence.
- Demonstrated experience and ability in the planning and delivery of community programs.

NB. The Anti-Discrimination Tribunal has granted an exemption from the operation of Sections 13, 100 and 195 of the Equal Opportunity Act 1995 in relation to this position.

Only Aboriginal or Torres Strait Islander people are eligible to apply.

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KNYITTY JUNDU PLAYGROUP

MACKAY, QUEENSLAND

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

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

- Hearing
- Nutrition
- Growth and Development
- Immunisation

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

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

The parents' health is also looked after with their blood pressure, blood sugar levels and weight checked by an Indigenous health worker who visits the playgroup. A child health nurse also visits regularly. The service is seeking endorsement to allow the nurse to

provide immunisation. When this is approved, immunisation will be provided to both the children and the parents.

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

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

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

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KURA YERLO CHILDREN'S CENTRE

LARGS BAY, ADELAIDE, SOUTH AUSTRALIA

Kura Yerlo Children's Centre is licensed for 30 places, and takes children from 6 months old to 5 year olds. This MACS has 2 rooms: a baby/toddler room for 6 months to 2.5 years old; and a kinder room for 2.5 to 5 year olds. Currently 19 places are filled full-time and these children are more or less permanent placements and some may be there for 4 to 5 years. The child care places are almost always full, and currently about of the children are Indigenous and are not. The centre is part of Kura Yerlo Council Incorporated, and it is open from 8 am to 5 pm Monday to Friday for 50 weeks of the year. The building is a heritage-listed house which has been rented from the Catholic Sisters of St. Josephs for many years, and it is used like a community centre with many activities eg leadlighting, yoga, and pottery. There is a qualified child care worker and an unqualified worker in each of the rooms, and in the older children's room there is a Special Needs children's worker (funded under the Commonwealth Government's Special Needs Subsidy Scheme). All staff have been permanent for some time.

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

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

The centre has written policies such as Confidentiality and Grievance Procedures. The non-Indigenous staff do not speak any South Australian language fluently, but they are able to speak basic "Kaurna" language for certain instructions and for singing songs. All children attending the centre recognise, articulate and respond to Aboriginal

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

There is reasonable parental involvement in the centre eg fund-raising, awards nights and community barbeques. Some bring in clothes to the centre or pans/lids for playing. A young mothers parenting project "Nunga Child's Play" was held at the Nunga Women's Shelter over 6 to 8 weeks. The project was to encourage attachment between children and their mothers, and they all did activities together including self-expression and creative dramatic play. The centre has links to health agencies including Child & Adolescent Mental Health Services, Child & Adolescent Family Support, and Inclusion South Australia (for children with disabilities). Vaccination used to be done at the child care centre with a doctor visiting every Thursday, and other family members came too for their own concerns such as hearing tests.

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

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

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ABORIGINAL CHILDREN'S CENTRE (MACS)

TASMANIA

At our Centre we provide long day care, after school care, vacation care and parenting programs. We set up a pilot project under the National Indigenous English Literacy and Numeracy Strategy (NIELNS) in 2001 focusing on early intervention, early learning and parenting support and information programs. The strands culminated in a successful transition to a "pre-kinder" as a pilot project. The pilot has been very successful and included parent education, staff education and refining of our existing early learning curriculum. Unfortunately, only the parenting component is funded for 2001 to 2004.

We are committed to the principle of quality early learning programs (for 0-5 and for 6-12 year olds), coupled with parent support initiatives. Our parent support program operates within our Children's Services. We initially offered a weekly parent/baby group. The sessions are attended by a family and child health nurse for assessment, screening, support and advice. The groups have a relaxed atmosphere where parents can learn with other parents and in turn support each other. We have displays, newsletters and monthly information sessions. Topics include behaviour management, nutrition and the value of play. A regular group of 7 parents and babies have met for the past 12 months. Our monthly information sessions have an attendance of up to 20 family members.

At May 2003, the parent groups include a weekly baby/play group, with a second parent/toddler group to commence in July, and a 'Dads' group to trial and support groups for non-custodial parents, to name a few. We prefer "family" support groups to cover grandparents, aunts, uncles and extended family carers. We have set up a lending library for families alongside our own unique Tasmanian Aboriginal language resources (palawa kani).

It is our philosophy that building strong relationships and providing flexible support for parents as early as possible is the best practical way of working WITH families. The fact that we were part of a community based Indigenous organisation (Tasmanian Aboriginal Centre) means we are able to liaise with all our services in providing holistic support for families.

Multi-functional Children's Services (MACS) were initially set up to be in a position to provide family services, childcare, parenting and preparation for school, but dwindling funding levels have not allowed this. We believe that community based Children's Services are in the best position to support families through familiarity, a sense of belonging, partnership and non-alienation that comes from a provision of services "by the community". Prevention, support, an early learning focus and intervention can provide our families and children with the necessary tools to alleviate some of the many stresses involved in raising children. Our aim is first and foremost to value parenting and provide support to lessen the degree of isolation that can often lead to potentially stressful parenting situations. Supporting families with respect and trusting relationships built up over time are essential.



Our organisation is committed to building strength and providing quality early learning programs for our families. We feel that recognition needs to be given to organisations with the relevant infrastructure in place. Community based support, cultural relevance and potentially a voice for the rights and needs of our children and families is our aim - not the provision of mainstream labelled 'childcare'. Flexible service delivery is essential through both home based and centre based support and assistance for our families.

Flexibility in service delivery is imperative to meeting the needs of parents, family and community. The fact that the MACS model was "ahead of its time" should not reflect negatively on our potential for providing holistic services and securing the necessary funding to maintain these services and build new initiatives. Quality services for our families are about shared friendship, shared familiarity and shared vision for a shared community strength particularly with our language and cultural program.

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HELPING OUR KIDS PROJECT - MAGANI MALU KES

TOWNSVILLE LIMITED (QUEENSLAND)

The Helping Our Kids Project (HOK) is a project at Magani Malu Kes Townsville Limited in northern Queensland. HOK aims to strengthen educational and personal outcomes for Aboriginal and Torres Strait Islander families through providing training, support and other activities and events for families, and specifically, parents. This program has been funded until the year 2005 under the Department of Family and Community Services' (FACS) Indigenous Parenting and Family Wellbeing Initiative.

The project aims to create a culture of education and personal/professional development within families and provide a holistic support framework and individual learning plans for parents in order to strengthen personal, educational and professional pathways for Aboriginal and Torres Strait Islander children from birth and to strengthen relationships between parents and schools.

The project has developed a community support framework by linking young parents with Aboriginal and Torres Strait Islander Elders to provide a culturally appropriate, social support system for parents of young children and, specifically, for parents who may have moved from a remote community and wish to develop a local support network.

Some branches of the project include:

- Accredited training for parents and youth
- Non-accredited Skills Workshops for parents and youth
- Events, activities and support for parents and youth
- Links to education environments for parents and youth
- Links to Support Services and other relevant projects and programs for parents and youth.

HOK has a large training component and provides transport, catering and child care to support parents in accredited and non-accredited training. Accredited training for parents has included:

- Queensland Education's short course of two training sessions for the *Support-A-Reader* program that helps provide parents with the skills to support their children's education by assisting with homework or with reading programs at school.
- Accredited Food Handlers' Certificate and First Aid training each month to provide parents with generic life and vocational skills.
- Other accredited courses including a Certificate IV in Business Administration, Certificate III in Community Services (Aged Care) and Protective Behaviours Training.

Non-accredited training includes:

- Individual Learning Plans to support parents in areas such as office skills, obtaining driver's licences and numeracy/literacy.
- a twice weekly skills session where parents can access Information Technology and other skills based training.

HOK also facilitates a local Crèche and Kindergarten Association's weekly playgroup funded by NIELNS (National Indigenous English Literacy and Numeracy Strategy). This playgroup provides strategies for parents in order to prepare Aboriginal and Torres Strait Islander children for school. Parents are provided with the skills to strengthen literacy and numeracy outcomes for their children through integrating learning strategies through normal activities and play. Additionally, by attending playgroup, parents are becoming more proactive in accessing training and support to strengthen other areas of their personal and professional development.

The HOK project does not aim to duplicate other projects but facilitates clients and a meeting space for projects. For example, one of Queensland Education's Community Participation Officers' specific projects is to link parents with education providers. This officer visits parents during sessions at Magani House and arranges/delivers workshops and events for Indigenous families. For example, the playgroup parents and children have a visit to the Indigenous Learning and Engagement Centre planned and will enjoy a BBQ lunch in the park afterwards.

The Helping Our Kids Project facilitates a successful project by providing the following:

- Childcare
- Comfortable learning environments
- Culturally appropriate resource materials
- Fully catered events
- Indigenous Liaison Officers
- Transport.

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MINIMBAH PRESCHOOL FAMILY SUPPORT PROGRAM

ARMIDALE, NSW

The Minimbah School at Armidale in northeast NSW is an Indigenous school that has been operating since 1963, initially through the Save the Children's Fund. The current Principal of the Minimbah School, Dianne Roberts, started as a schoolgirl there in 1971 then supported herself through TAFE and teacher's college where she qualified in 1988. She came back to the school on staff and worked her way up to become the Principal. In 1995, one of her lecturers donated the lovely grounds upon which the school is now located. The school, until recently, had been essentially a primary school which became independent from the NSW Department of School Education and now operates a program for children up to the age of 12 approved by the Board of Studies. There are currently 54 children aged 6 to 11 years. The School has now had two years of their students starting local high school – 6 in 2002 and 8 in 2003.

In June 2002, Minimbah received funding for a preschool from the Commonwealth Department of Family and Community Services (FACS) through its Strengthening Families initiative. This preschool initiative started after Dianne became interested in the recent evidence about the critical importance of the first years of life and their impact on later outcomes. She visited Canada, one of the first countries to use this evidence to develop appropriate programs for very young children. In

particular she visited Obema school where there are many Indigenous Canadians, and she became interested in their approach to young children. In addition, Dianne knew that many Indigenous children in Australia, who began their first organised education at primary school level, faced problems in adjusting to school which often interfered with their learning and longer-term life outcomes.

This unique preschool at Minimbah is almost exclusively for Indigenous local children, who comprise about 95% of the preschool's students. Dianne believes in empowering parents, many of whom have previously believed that teachers knew everything and that they themselves had no place in their children's schooling. Many lacked the confidence to be involved in their children's learning. However the approach at Minimbah preschool is to involve the parents alongside the teachers in their children's learning. Dianne works on the principle that parents are their children's first educators, so parents and teachers must work together and inform each other. She describes this as 'two-way education'. The staff acknowledge the importance of parents and "where they are coming from", and they look on the children and their young mothers to educate staff about how they operate with their child. The first step is to get to know the parents well. Extended families and elders are considered to be as important



PHOTO: COURTESY OF BIRRELEE MACS TAMWORTH

as the young children. The preschool insists that each child must have a parent or other support person (eg a grandparent) working with that child.

The first focus of the new program was on 0 to 2 year old children and their families, to get the parents feeling comfortable in the school environment. Building relationships is most important. The new children and family members stay together in a room with activities such as sewing, crocheting, videos, and discussions of health problems, and they cook and eat together in the nutrition centre. On a typical day, there might be 10 mothers and 10 children there. Sometimes a grandmother brings in her children and grandchild. Some of the parents are only 17 years old. This group now has a nutrition centre and an outdoor play area. This 0 to 2 year old area is run by 2 non-Indigenous staff members, including a qualified preschool and early childhood teacher, and an Indigenous young staff member.

When the children turn 3, they go to the preschool which has all Indigenous staff: 2 qualified preschool teachers and 4 trainees who are studying to become child care workers through the local TAFE. The preschool has 2 separate areas: the first is for 3 year olds, where the child and the parents stay. The mothers (and often elders) are encouraged to raise issues of concern to them, and to develop trust with the staff so they can share things about their child and family that would help the staff understand the child and his/her situation better. Teachers try hard not to push their own attitudes and values. For example, Minimbah has hearing specialists visit the school, and staff encourage mothers to go with their child for testing, but they make their own decisions. Preschool runs only no more than 4 days per week, so that one day is child-free but parents can come. Workshops are organised for gathering information eg a speech pathologist has come to the school to talk to a group.

Both the school and the preschool have some very basic rules, and one is that they never suspend a child from school. Instead they have started a new program or strategy, modelled to a great extent on Canadian Indigenous children's programs that had impressed Dianne on her visits. The program is to help children who are having problems to be assisted to remain at school, and for preschoolers having difficulties to be placed in a transitional group at the school. A round table discussion is held involving various relevant professionals, elders, the staff member whose child is misbehaving, the principal and one of the parents. The professional varies, depending on the particular problem with the child. For example, the problem might be psychological, a behavioural problem or the detection of some disability. There is discussion at the round table with the parent present first, and then the panel has a discussion without that parent. The parent then returns to a small group, with just with the principal

and the teacher, and is asked about his or her thoughts after the larger discussion. Any problems remain confidential within this circle and possibly several friends. The decision is always to keep the child at school, and no child has been expelled or suspended.

Both the preschool and the primary school have an Aboriginal curriculum. It focuses on the children's self-esteem and meeting the challenges they face in the community. The programs are individualised eg if a child has a hearing problem that child will be put at the front.

There are currently 89 students (aged 3 to 5) enrolled in the preschool in only its second year of operation. As regulations allow only 50 children per day at the preschool, some come 2 days and others 4 days per week, but this varies. In the 3 year olds' room, the children are taught by 3 qualified Aboriginal people. They also have 4 trainees who are doing a Level 3 Certificate in Community Services (Child Care). Last year there were 25 children in the preschool, of whom 12 continued on to Minimbah Primary School. Dianne explained that last year, their Primary School had very high numeracy and literacy levels in their students (at grades 3 and 5) which compared very favourably with any school in Australia.

Most of the families are unemployed and on the dole, but they are able to pay their preschool and primary school fees at Minimbah. From a private donation made in 2002, the school was able to award scholarships to a number of families which helped cover the year's fees and some equipment.

In addition, there is a men's group held at Minimbah by the Aboriginal Health Centre, at which the male elders discuss "eldership" and other issues. The men want to build a "sports school" so that children who are talented can go on to excel in their particular sport(s). The philosophy is that all the children are given the chance to do what is best for them.

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MOBILE PLAY BUS PROGRAM

SYDNEY'S INNER CITY SUBURBS (NSW)

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

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

- provide a five-day a week service in local parks in all six suburbs;
- provide children who would not normally access formal pre-school facilities with developmentally enhancing play experiences;
- provide parents with a non-threatening, informal environment to which they can bring their children and build support networks;
- link families with other support services in the area by providing information and referrals;
- include an Aboriginal play worker to work with the service to link with Indigenous families and children in the areas where the service is operating;
- provide a service for other local organisations to conduct informal outreach to families with the long-term aim of linking the families into those services.

BACKGROUND TO SYDNEY'S INNER CITY

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

Based on consultation with various service providers in the South Sydney and Leichhardt Local Government Areas, local knowledge and research in the five areas was undertaken by South Sydney City Council and Glebe Schools-as-Community Centre. Six suburbs were

identified as most in need of a preschool service such as a mobile play bus. These suburbs - Glebe, Surry Hills, Woolloomooloo, Redfern, Waterloo and La Perouse - contain the public housing estates of the inner city and also contain significant Aboriginal populations and people from non-English speaking backgrounds. These communities are often marginalised, resulting in social isolation. There are also many young families living in these areas where there are concerns about child abuse and neglect. Many children aged 5 years and under are not attending any preschool setting, as shown by data from the 1996 Census indicating that only 50% of 3 to 4 year olds were attending preschool.

THE INNER CITY MOBILE PLAY BUS ADVISORY COMMITTEE

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

- Save the Children Australia
- Connect Redfern Community Centre (Redfern Public School)
- Glebe Schools-as-Community Centre (Glebe Public School)
- South Sydney City Council
- The Shop Women and Children Centre (Waterloo)
- Surry Hills Neighbourhood Centre
- Walla Mulla Family and Community Support Services (Woolloomooloo)

THE MOBILE PLAY BUS CONCEPT

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

The new play bus program in Inner-Sydney started in October 2002. The Mobile Play Bus Program allows young children to experience play with other children and provides an opportunity for interaction with their parents. It also allows parents to come together with trained staff to get advice, support and referral (where necessary) to other community services. At the same time, the children are assessed and

assisted in their early development. There is an Aboriginal-identified staff member on the bus, and it is considered important that this position is filled by an Indigenous person as this is a major target group. The play bus always stops in the same park on the same day for each area for 2 hours, and there is always a wet weather venue there as well. The community advisory committee has a representative from each area and all are from strategic agencies. A key initiative has been the establishment of a community roster system, organised and written up quarterly by a coordinator, to link families at the play bus with other community services. For example, each month (or fortnight), a service provider (eg from Redfern Clinic) will be near the Bus during the 2 hours it remains there. Their role is to get to know some of the families and to provide referrals and support. This approach was designed to increase the access to services of families, particularly young women with children. Fliers and information about services in all the inner areas are on the Bus as well.

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

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

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MINYA BUNHII CHILDREN'S CENTRE

CEDUNA – SOUTH AUSTRALIA

Minya Bunhii (local Aboriginal word meaning "Little Nest") is an integrated service that began as a 3 year olds' preschool over 20 years ago. About 5 years ago it became an integrated centre with childcare and kindergarten programs. The kindergarten has a qualified teacher and an early childhood worker, and the childcare program has 2 qualified and 2 unqualified staff. They currently have 8 children up to 2 years old and 16 children over 2 years old and up to age 5. There is a bus service that picks up most of the kindergarten children, and a few of the younger children. There are no afternoon programs for the kinder children so they are dropped off home after lunchtime, except those who remain in childcare until 5pm. Lunch is provided for all children. The families speak 3 Indigenous languages but Mavis, the Director, speaks Guguda whenever possible in their various activities including games and songs. Most of the children speak Aboriginal English.

Some of the mothers work, some study, and some need respite care for their children. There is a strong Aboriginal cultural focus that supports the fundamental ethos of Minya Bunhii. Even the working mothers become involved in the Indigenous cultural activities to which families and the community are invited eg for cooking kangaroo tail and damper outside in their cultural area. Other activities involving children and parents include singing, gathering and making bush medicines, and creating artefacts. They have a number of volunteers, including some who are not parents but enjoy going into the centre and being involved in cultural activities. Parents are also involved in excursions. For instance, they recently travelled to Adelaide for a Christmas pageant and parents took time off work to go with the children and stay overnight. The Minya Bunhii management committee members are all parents and/or community members. Some training offered to staff, ie workshops on programming for the

staff, has also been open to parents. Some parents are employed under the Community Development Employment Program (CDEP) and so come and work at the centre several mornings per week. The Centre supports traineeships. Those trainees who have completed their course are now employed as childcare staff.

The centre has a questionnaire box for any queries or issues parents want to raise with staff. In addition, parents will let staff know if they have any concerns about their child, and vice versa. A particular staff member always travels on the bus with the children, so that person can talk briefly to a parent or leave a written message for a parent, or vice versa. The sort of concerns that parents like to ask staff (or vice versa) about a child might include health problems, behavioural issues, and vision or hearing difficulties. There is a local Aboriginal Health Service that sees the children. This health service also checks if a child's immunisation is up-to-date, and there is a question about this on the centre's enrolment form. The Health Service undertakes particular health programs with the children eg Eating Healthy, and the Slip Slop Slap program which tries to minimise sunburn and associated skin damage.

Minya Bunhii provides a pre-kindergarten program for 3 year old Aboriginal children which enables the often shy young children to gain the necessary skills to enhance their transition (when 4 years old) to the mainstream preschool. Staff consider that this extra 12 months will allow the children to develop self esteem, confidence, language and social skills to put them on a par with other 4 year olds. The Minya Bunhii childcare centre is next door to the mainstream kindergarten, and the two programs share open days, a special play day and have combined staff meetings once per month. There is also an Early Learning Program (ELP) office based in the Ceduna Preschool. The coordinator there does home visits and works with newborn children through to 8 year olds. A qualified teacher runs this program and works with children with special needs such as language delays. By request, she will come to Minya Bunhii Children's Centre to work with staff, or observe children who may have special needs. The ELP office has many toys which can be loaned out to the community or children with special needs. She also keeps track of children who have not attended preschool.

Staff at Minya Bunhii consider that they are very lucky having the support of the Aboriginal Resource Management Support Unit (ARMSU) – a part of Network SA. This Unit invites all Aboriginal services, the MACS, the 3 independent preschools, and Out-Of-School Hours Care services to a meeting three times per year. Participants set the agenda for each of the three meetings. Topics covered recently include the South Australian Curriculum and Standards Accountability Framework, the early brain research and its implications for service delivery, and Federal Government's broadband funding. Each of the Indigenous services pays \$250 per year for membership with Network SA, entitling them to legal advice and support.

Margot Walker, who has worked in education for about 20 years, has recently started in a new position as mentor to the directors of three services: Minya Bunhii preschool, Port Lincoln Children's Service (child care and preschool) and Port Augusta (preschool for 3 to 5 year olds). She supports the 3 directors, staff and management committees. She also helps the three services with advice and ideas on a broad range of matters such as children's programming, record keeping and other administration matters.

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

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

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MOBILE PRE-SCHOOL PILOT PROGRAM

EAST ARNHEM (NT)

A new initiative in the remote north-east of the Northern Territory (NT) is the establishment, currently as a pilot project, of a mobile preschool service. Prior to mid-2002, preschool-aged children in many remote communities of NE Arnhemland had no access to preschool programs. As well, the remote Yirrkala community school lost its preschool teacher when student numbers dwindled. The former stand-alone childcare service had been providing childcare only, and the Department of Health and Community Services wanted the centre to be more focused on early childhood education. Hence, the preschool there joined with the existing childcare centre to become an innovative childcare centre with preschool. With Yirrkala being just one of several communities supported by the Mobile Preschool Pilot Program (MPPP), Jan O'Shea (the MPPP teacher) could be there only one day per week to support the preschool program to be delivered by the MPPP assistant. This arrangement allowed the child care centre to become more oriented to community and early childhood education, and also made it possible for preschool sessions to be held each morning. Delivery of the preschool program within the childcare centre has extended the program for all the children in the centre, as well as involving more mothers as they interact with the children in the activities.

During this time, Commonwealth funding through the National Indigenous English Literacy and Numeracy Strategy (NIELNS) became available to increase the proportion of Indigenous 3 to 5 year olds in preschool education. This funding source allowed the planning and piloting of a mobile preschool model. Jan O'Shea was appointed as the mobile preschool teacher with the responsibility of resourcing and supporting outlying remote preschools. Jan's qualifications are in primary and special education, specialising in hearing impairment, and she has worked for many years in the Arnhem region. She considers that knowing many of the children and parents there before the project started has helped her to engage with the communities, to employ appropriate 'teachers' (mostly mothers or grandmothers) and to get the mobile preschool program started. She now visits the Yirrkala Innovative Child Care centre / preschool once per week on Monday morning and then on Friday, at a time suitable for the staff, when they work together to develop the following week's program.

The facility in Yirrkala is great for children. Under childcare funding, all the children get morning tea and lunch, paid for partly by the local ASSPA (Aboriginal Student Support and Parent Awareness) committee. ASSPA funding can be accessed by schools

for excursions and tutoring, and for breakfast and lunch programs. At Yirrkala, the ASSPA group helps to fund these aspects of the preschool program and so facilitates the successful merging of the preschool with the childcare service. The relatively new building has all sorts of equipment including climbing frames, a sandpit, push bikes, and play equipment such as paints, paper, puzzles, books, games and construction materials. Most of the children's parents come from less than one kilometre away. Most of the preschool children travel to the centre on a bus which drives around the community, first picking up the "teacher", then the children and some mothers who may accompany them.

There are currently 7 different sites that Jan visits, including one on Groote Eylandt. Most are in the more remote Yirrkala Homelands. Jan flies in a single-engine chartered plane to some of the more remote sites, often with visiting teachers from the Homelands schools. At some places she visits weekly and for others fortnightly. Each site has a person who runs or facilitates the preschool program, and these people are selected from the community for their suitability (such as a mother). The preschool session has often already started by the time Jan arrives. Usually the preschool operates on 5 mornings per week, but this may be on 3 or 4 days in some communities. Jan takes a box of resources out with her on the visits, and this might include books, construction materials, puzzles and painting equipment. The preschools may be held at different places, such as the local school's verandah or under the trees. The preschools at Gungyngara and Milyakburra are held at the Women's Resource Centres, buildings made available for the preschool by the community Councils. At Gungyngara, children work on a mat on the floor in the breezeway between two buildings, whilst at Milyakburra the preschool has the use of a small demountable building, with climbing equipment already set up at the Centre.

There is a fair amount of parental involvement in the preschools as about 1/3 or 1/4 of children have their mothers or aunts present, with most getting involved in the activities. Jan herself speaks little of the children's language, but the teacher who is the prime deliverer of the program does, as do the mothers, aunts and other family members who are involved. Jan talks with them about the program, and together they decide which books to be read, how best to present something to the children (ie individually, in small groups or as a whole group) and how activities will be organised. While English is not the language used by the people in their community, parents and teachers involved with the preschool participate in discussions in both English and Yolngu matha about the program, the children's development, and appropriate strategies and ideas, with translation to facilitate understanding and participation. When stories are read, the preschool teacher translates and tells the story in the language of the children. With the less experienced teachers and parents, Jan shares ideas about ways of using questions to extend their ideas and language, such as "Why is the boy doing this?" or "What might happen next?". The more experienced teachers are encouraged to use their skills to

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get the most from the story, and invariably have a group of enraptured listeners eager for more.

At each site, she plans together with the local preschool person what they would like in the next program ie what theme and what activities. This follows evaluation of the previous program, how children are going, what they need, and what is happening in their community. Jan makes notes of their discussions and decisions, assesses what equipment and resources are available, and uses this information to

develop the program for the coming week or fortnight. The program is typed up, resources are gathered, and this goes out to the site on the next visit. As the new program begins, the previous program's resources are packed up to return to the office where they are stored.

While it is too early yet to evaluate the program, the local people are pleased with the mobile preschool model and are hoping that the pilot program will continue until it can become sustainable as part of the NT Department of Education.

NEW MAPOON CHILD CARE CENTRE

REMOTE QUEENSLAND

In rural and remote North Queensland, a number of childcare centres have become hubs for community activities, showing how an innovative and flexible approach to service delivery can create wider social involvement and cohesion. These centres operate on a block grant arrangement where the full entitlement of Child Care Benefit is paid directly to the centre each month. This ensures that the centres can maintain their viability while providing a range of services. The centres focus on culturally appropriate programs as well as providing nutritious meals for all children attending. Strong community participation is a feature, with many of the local elders coming to tell stories and teach traditional dance as well as hosting family days. Community health staff deliver clinics from the centres.

At New Mapoon Child Care Centre we acknowledge the value of culture diversity and language that each child brings into the Centre, and the contribution of special needs, minority and cultural groups. The Centre provides meals for children and our menu is planned according to advice from the Department of Nutrition & Food Services and the Australian Dairy Corporation. This means that all meals are balanced and culturally appropriate to suit the needs of the children in our care.

We believe in the importance of caregivers and families communicating and working together in an effective way to assist the child's self-growth and development. We also encourage the development and enrichment of the traditional cultures, language, songs and stories in our programs, through everyday experiences that children share from home.

Throughout the years we have built a good network relationship with other services available in our communities and regional areas. Services like Community Health and the Family Resources Centre are services that benefit our centre. For example, we work closely

with Community Health regarding updates on immunisation and information of public health interest on outbreaks that may affect our children in care. We ensure that parents are given appropriate information about such health notices. Staff of the Family Resources Centre provide workshops on child protection, abuse, and other issues concerning children that may help educate staff and parents. They also help us in relation to community issues that may affect our service, the parents and/or the children. Having these services available helps our centre to provide a better service and care for families.

Staff at the centre are local Indigenous and non-Indigenous women, which promotes positive and trusting relationships among families and staff. All staff are studying for Diplomas of Early Childhood Education under the state training strategy. They are supported by an assessor/mentor from within the community as well as each other. Since implementing the training strategy in the community, there has been a noticeable improvement in the women's self-esteem as caregivers and educators in the community. Their perception and understanding of early childhood education and children's development has helped to build a stronger foundation for a better start to life for the children of the community, thanks to these dedicated women of New Mapoon Child Care Centre.

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ABORIGINAL FAMILY WORKER

NEWCASTLE (NSW)

Newcastle Family Support Service is a mainstream family support agency that has operated for a number of years. About 5 years ago, it received funding through the Commonwealth Department of Family and Community Services (FACS) to employ an Aboriginal worker to make mainstream services more accessible to Indigenous families. This was a pilot service that closed after its three years of government funding, but it had just started to establish trust with the Indigenous families in their area. However, the agency was able to keep paying the worker until they received new funding for her position under the Commonwealth's Indigenous Family Well-Being Initiative in October 2001.

This project is being conducted in partnership between Newcastle Family Support Service (FSS) and a local Aboriginal organisation – Warlga Ngurra Indigenous Women's Refuge. Carol Smith, the continuing family support project worker, works 22 hours per week and the project is managed by Newcastle FSS. The project's Advisory Group consists of Aboriginal people drawn from people in that community or other organisations through Carol's contacts. This Advisory group was established as a result of concerns about the impact on a sole Aboriginal worker of working within an otherwise white organisation. The project has in fact impacted on all of the Newcastle FSS, and all the staff have learned a great deal. The Advisory Group has been a loose group although some members have attended consistently. The group meets either monthly or bi-monthly to address issues that arise. For example, there was debate about whether the mainstream agency should fly the Aboriginal flag from its building, and it was agreed that it would fly from Monday to Friday each week. The non-Aboriginal workers have learned to listen better, and have been challenged as members of the dominant culture as to the power they have, how they listen, and how to do things. Gradually,

through many ups and downs, the cross-cultural relationships are improving and there is increased trust between workers from the two different cultures. There were initially long periods of staff feeling timid, and not tackling the real issues or the subtle racism. The group is still learning.

Carol has up to now worked with Indigenous families who have sought help from Newcastle FSS or those who have referred themselves to her. She is well known in the area as an experienced mother of 5 children, who was in a 20 year relationship before they divorced, and so is a person with whom women might speak of their various personal problems. Their problems are often many and complex, and their lives are often in constant crisis with the number of deaths in the community. For example, women ask her to help get them into a women's refuge, and to fix problems such as housing, children's behavioural problems and marital issues. She will sit down with parents (mothers mostly) and chat with them and try to find out what their problems are. She would then suggest various strategies or different approaches that might help. She explains that children often react badly or act up when there are difficult circumstances in a family, and she tries to help mothers take more control of the situation that is affecting themselves and their children. She has sat in on training in counselling methods, and worked with the agency's manager about how she might be able to counsel her clients. Often she visits families weekly for a few months or keeps in touch by telephone.

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

The agency first wanted her role to include running groups on issues such as budgeting, domestic violence and anger management, but the Indigenous women would not attend as they saw this as being labelled. Carol called a meeting to ask the women what they wanted and they said they wanted to get together to do quilting. The group has now been running for 4 or 5 years, and the women feel safe there because their husbands see it as acceptable and non-threatening. Through this group or "drop-in centre", the women feel able to talk to each other about their concerns and personal problems, and they grow stronger from this sharing of information and support. Each week they have at least 6 to 8 women attend and sometimes 40 will turn up or pass through. Carol goes to the weekly group in the role of part craft-learner and half-leader of the group.

Carol has now run a few family camps. The last one (for isolated young mothers) was an idea of the Advisory Group, and it was hoped that this

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might lead to an ongoing supported playgroup – but nobody came. It has been decided now that it might be better to organise occasional one-off all day events, rather than something longer which might coincide with the frequent emergencies and crises. Recently, they have had an all-day event for young parents, who attended and found it valuable.

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

Newcastle FSS have now run several supported playgroups and some have had Aboriginal families present. As an agency, they are now generally seeing more Aboriginal people in their services. In addition, the organisation has also employed 2 further Aboriginal staff. In 2002, Newcastle FSS organised some discussion groups / awareness-raising with their mainstream clients, at which the facilitators addressed racism. The families who took part in this group all felt they had learned things they had never realised and they now had a better understanding of Indigenous people and their concerns.

JIRNANI CHILDCARE CENTRE (NUTRITION & FAMILY PROGRAM)

AT NGUIU ON BATHURST ISLAND (NT)

<p>Location:</p> <p>Population / Target Group:</p> <p>Particular risk issues:</p> <p>Partner Agencies:</p>	<p>Nguiu, Bathurst Island</p> <p>1500</p> <p>Poor health - gut damage, diarrhea, scabies, skin problems, low weight and low blood in young children.</p> <p>Tiwi Island Local Government, Strong Women Strong Babies program, school, clinic, DHAFS and FACS.</p>
<p>GOAL / PURPOSE OF PROGRAM:</p>	<p>A childcare facility that provides a family program for children and families with the emphasis on providing tools to enhance quality of life for Tiwi people of every generation.</p>
<p>RATIONALE:</p> <p>Background information:</p> <p>Basis for the program:</p> <p>Evidence supporting this type of intervention:</p>	<p>To provide a long day care centre and after school care centre for children aged 0 to 12 years of age.</p> <p>Originally we had a JET crèche, which was very successful, and it was from there that we sought funding for a licensed childcare centre with additional family and nutrition programs.</p> <p>With the increase of families needing childcare and the poor health, it was decided that a 'one stop shop' providing a nutrition program, family program and childcare would best suit Nguiu.</p> <p>Community identified need eg health clinic provided a support letter identifying the common health problems for children in Nguiu - high rates of underweight, anaemia, otitis media and skin conditions.</p>
<p>OBJECTIVES:</p>	<ul style="list-style-type: none"> • Provide long day care and after-school care for 55 children. • Provide a nutrition program that ensures children receive healthy meals at childcare and that educates the community on nutrition. • Provide a family program that educates and supports families on how to live healthy and strong.
<p>STRATEGIES:</p>	<ul style="list-style-type: none"> • Provide regular meals at the centre with the RDI (Recommended Dietary Intake) in mind. • Provide a training room accessible to Menzies University staff who use the centre's training room fortnightly for their research projects and support for ear health. • Provide workshops and promotional material to educate families on Nutrition. • Provide training opportunities for Tiwi people. • Provide employment opportunities for Tiwi people. • Provide regular health checks eg liaise with clinic, ear checks, liaise with Menzies, administer first aid. • Provide long day care and after school care to the licensed number (55). • Provide food for a soup kitchen for the children in the community which is prepared by Tiwi for Life Workers (Part of the Tiwi Health Board). • Provide fruit for the sport and recreation centre to be distributed to the teenage children using their service.
<p>RESOURCES:</p> <p>Staff:</p> <p>Other goods and services:</p> <p>Total Cost:</p>	<p>Family services manager, nutrition program coordinator, family program coordinator, two cooks, 14 childcare staff.</p> <p>Approximately \$300,000 and cost of initial building.</p>
<p>EVALUATION DESIGN:</p> <p>Please outline program evaluation design:</p>	<p>Monthly reports.</p> <p>The funding bodies re-assess the program for continual funding yearly. Individual workshops eg nutrition workshops are evaluated and reports written.</p>

<p>TIME FRAME:</p> <p>How long has program been running?</p> <p>Outline overall time frame:</p>	<p>Since April 2001</p> <p>ongoing</p>
<p>RESULTS:</p>	<p>So far we have received three awards:-</p> <ol style="list-style-type: none"> 1. Best Healthy Nutrition project in NT and highly commended nationally from the Heart Foundation 2. Kellogg's Local Government Awards and 3. Outstanding Community Development Project from the Tidy Towns Awards 2002. <p>There has been positive feedback from the clinic that the children regularly attending the centre are showing improvements in their health.</p> <p>The clinic and Menzies now refer babies and children to the childcare centre who are low weight.</p>
<p>PROBLEMS ENCOUNTERED:</p>	<ul style="list-style-type: none"> • Maintaining managers and staff. • Getting the Family program happening. • Getting parental attendance at workshops.
<p>KEY POINTS IN PROGRAM SUCCESS:</p>	<ul style="list-style-type: none"> • Extensive community consultation in planning stages • Nutrition program • Quality childcare • Ear program (in liaison with Menzies) • The friendly work environment and staff lunches provided has made the childcare centre one of the most popular places to work in Nguiu. (Currently there are 17 workers)
<p>RECOMMENDATIONS:</p>	<p>Speak to your local rural nutritionist about potential programs.</p> <p>Contact FACS and DHACS for ideas on how to set up a program like this.</p>
<p>ACKNOWLEDGEMENTS:</p>	<ul style="list-style-type: none"> • Many thanks to DHACS rural nutritionists, FACS and Strong Women Strong Babies workers in Nguiu. • This centre would not be available if it wasn't for dedicated people who fought hard to get the required funding eg Tina Vigona, Bernie McCarthy, Maureen Thompson and Cynthia Halis. These people are no longer working with the centre but we are very grateful. • We are also grateful for our recent manager Wendy Carpenter who finished her contract last year. • Thanks especially to Tiwi Island Local Government who support us.

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EARLY INTERVENTION PARENTING PROJECT & PROGRAM AT WANJANA LIDJ CORPORATION

MORWELL, IN RURAL VICTORIA

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

1. enhance and strengthen parental skills and emotional competencies;
2. create access to parent education and support for vulnerable families with children in the preschool age group;
3. develop targeted approaches to families who require special responses in relation to parenting from pre-birth through to school-aged children.

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

1. an information session for possible group facilitators;
2. a discussion between the trainers and the group facilitators about the parenting groups the facilitators hoped to run;
3. follow-up discussion(s) at which the trainers helped the facilitators with any difficulties or issues they were facing.

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

One of the projects ran in Morwell, a rural town in eastern Victoria. 2 Indigenous women connected to the Wanjana Lidj Corporation at Morwell were trained for 3 days by a team from Parenting Australia in Melbourne. Training was led by Constance Jenkin, a woman with many years of experience in parenting training, and the participants also received written material and on-going support. The *Planning Happy Families - A Kit for Leaders (1992)* was used as an example of a parenting program. A *Parent's Treasure Chest: Exploring the Path to Resilience* and a folder of handouts were also provided as written resource material. Over those 3 days the trainers and trainee group leaders worked together to develop a program suitable for Indigenous parents.

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

- appeared to have benefited from the opportunity to receive training to run parenting groups;
- were very satisfied with their training, which had increased their confidence in running groups;
- had made links with each other and expanded their professional networks, and
- were generally very enthusiastic about running a parenting group.

The evaluation identified 5 important steps involved in developing targeted approaches to families requiring special assistance in relation to parenting:

- The original approach to suitable professionals in the area through the regional coordinator and the invitation to attend an information session about the project.
- Careful selection of those to be funded and trained by the local coordinator in the region in conjunction with the project team.
- The successful training of professionals with access to vulnerable families through the services to which they are attached.
- The targeted recruiting of vulnerable parents to take part in the parent education program, which often required a personal approach through professionals known to the parents.
- A flexible and responsive approach to parent education and adaptation of the content and processes involved to suit the particular needs of these vulnerable parents.

The parenting group facilitators benefited from the training and the experience of conducting parenting groups. The skills and emotional competency of parents attending the groups have also been enhanced by their participation, and all said that they would recommend the programs to other parents. One of the groups for Koori parents was highlighted in the project's independent evaluation, and it is described below.

The parenting program was run for Aboriginal families at the Wanjana Lidj Aboriginal Family Preservation Service in Morwell. Two female workers, Carol and Bobby, had both done the training but still felt somewhat lacking in confidence about running a group. They had no problem in recruiting parents to their program as they were well known in the area, were trusted by the Koori community, and are Kooris themselves. All the parents in the initial group were Kooris and none were married. Some participants were self-referrals while others came via other services. 8 parents enrolled and all came to each night

of the program with the exception of one parent who died. Although the program went for a period of 12 weeks, attendance was the most consistent of any program in the whole of the project.

The program ran one night per week from about 4.30 pm to 8 pm, and the participants were picked up and later returned home. The program took place in the kitchen of the house where it was held. Each night they started by preparing a meal together and even visitors to the program joined in and helped with simple home cooking. This participation in preparing a meal gave an additional dimension of nutrition and preparing meals to the parenting program. The group very quickly formed into a whole and had lots of fun as well as worthwhile discussion of important issues although sometimes it was difficult to talk about particularly sensitive ones.

The program covered a range of relevant issues including setting the scene, family styles, assertiveness, listening to children, sex education, loss and the grieving process, loss of land and displacement, drugs and related issues, conflict resolution, food and eating. These topics were mostly much the same as other parenting groups but there were other differences in this Koori group. There was an emphasis on keeping children safe due to the prevalence of domestic violence, sexual abuse and drug and alcohol problems. The mothers had not had much chance to learn parenting from their own mothers, and many had experienced a number of moves with their families. One of the parents said that she came to the program to understand and learn more about her children's development so she could help them more. Afterwards she ranked her enjoyment of the experience at 10 (out of 10), her satisfaction as 10, and her confidence in her parenting had risen from 7 to 10.

The facilitators devised an 8 week program to start, and then ran another parenting program at the end of the first. They have continued to find various funding sources to make this program ongoing. A number of relevant service providers have met and talked with the group over the two years since the start. They have included representatives from Centrelink, a Child Support Agency, a Neighbourhood House, Child Protection, a maternal and child health nurse, Legal Aid, an alcohol and drug worker and someone on budgeting. More recently a person came to speak on Equal Opportunity for 2 days and involved teachers and students from the local KODE (Koori Open Door Education) school, VACCA (Victorian Aboriginal Child Care Association) and Legal Aid. There have been only a few sessions without speakers, and on those occasions the group has started discussion themselves.

There have been some new participants and some have left the group, and at mid-March in 2003 there were 9 adults (3 of them fathers) attending along with several babies. Since then participant numbers have continued to increase. As a result of the Morwell program being so successful, and the initiative of the two workers, Wanjana Lidj

Corporation has received further funding from the Commonwealth Department of Family and Community Services (FACS) for several further programs developed as off-shoots of the original. One is a program for grandparents who are caring for their grandchildren. Parenting Australia has received further FACS funding to help with a similar project in Shepparton.

Carol and two other staff, Darren and Roseanne, are now running a new 2-day program for young children at the KODE school in Morwell in which each child is given a doll to be looked after and "parented" for 2 days. These young "parents" are told the amount they would receive from Centrelink as a one-off \$800 payment for a parent with a new baby. The "parents" then go to a Target or K-Mart store to buy (in pretence) the equipment they would need for this baby. On the program's second day, the "parents" choose whether they will be on an average wage or a pension. They then take the appropriate amount of phoney money to spend in Coles for items such as nappies, baby food and their own food, as well as find out their probable rent, to see how much they would have left. Finally, the children discuss the whole exercise and try to consider, from their baby's point of view, how well they had cared for their babies.

NB. *Planning Happy Families – A Kit for Leaders (1992) and A Parent's Treasure Chest: Exploring the Path to Resilience* can be obtained from:

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INDIGENOUS PLAYGROUP

CITY OF DANDENONG IN MELBOURNE, VICTORIA

The playgroup at the City of Dandenong on the edge of Melbourne has been run for many years by the City's Children's Services Resource and Development Officer (CSRDO), Kathy Kent. A CSRDO position is funded by the Commonwealth Department of Family and Community Services, and their role is to support children with disabilities, children from culturally diverse backgrounds, and Aboriginal children in mainstream children's services (such as child care). The playgroup is very flexible and a number of aunts and grandmothers have attended along with the mothers and their children. Some mothers keep coming even after their child has gone to school. Originally, some Indigenous mothers were interested in becoming Family Day Care providers, so Kathy and Greater Dandenong Family Day Care Scheme developed a suitable training program that ran for 4 or 5 sessions with child care provided. Although none of the mothers went on to become family day carers, the children had such a good time during those sessions that the mothers wanted the group to keep going. So the playgroup kept running, even though it had no funding.

Between Kathy and the Koori Early Childhood Field Officer (KECFO), small amounts of money were found within existing budgets that helped them to buy equipment for the group. Both CSRDOs in Dandenong were then running the group and they managed to get some funding from the Council's budget for a bus. Later the Council offered the playgroup a room in a Council-owned childcare centre that had closed but still had a preschool operating, so the playgroup ran there. In June 2001, the Council moved its Children's Services, Family Support and Maternal & Child Health units into the building. The maternal and child health outreach nurse was invited to visit sometimes eg for weighing of babies and talking to the mothers.

Kathy organised various people to visit the group. They had a talk from the Royal Children's Hospital Safety Centre about safe practices around the home. Recently, there has been a Safe Start project in the same building and the project worker came in to the group to talk about kitchen safety, followed up by the worker providing free fridge locks to the families. The group also had a talk on breast feeding from staff of another large hospital and then the preschool dental program staff came in. Other health promotion people have asked if they could talk to the women but, before agreeing to let speakers meet with the group, the subject is discussed with the women and they are asked if they would like to hear these topics and speakers. Kathy provides morning tea and lunches that are nutritious, with lots of fruit and vegetables, sandwiches and yoghurt. The women now organise and prepare the lunches themselves and sometimes cook hot meals like spaghetti or rice, as the building has cooking facilities. The group is now fully funded by the City of Greater Dandenong.

The philosophy of the playgroup is to provide culturally appropriate experiences for the children and the women. Over time, they have developed a collection of puzzles with pictures of Aboriginal people or art, black or brown dolls and a wide use of natural materials. They began to have excursions for the families, such as to the Melbourne

Museum, where the children visited the children's museum and then visited Bunjilaka, the Indigenous centre at the museum. The parents found stories about many Indigenous people, and even photos of their own elders and families. In another excursion, the group went to the Melbourne Botanical Gardens where there is an Indigenous walk, and the Gardens staff conducted a traditional smoking ceremony.

By this stage, some of the women had been attending the playgroup for many years and are very confident within the group. This confidence allows them to put forward their thoughts and suggestions and know that their ideas and inputs are welcomed and respected. The women will also raise issues they are concerned about. One large issue for them is how they can help their children get ready for a good start to school.

Kathy often uses role modelling as one of the ways the women learn, for example using alternative methods of behaviour guidance as a way of disciplining the children. It is also a rule of the playgroup that the mothers cannot smoke in front of the children or within the building. A separate area for smoking is provided. She explains safety issues, like not letting the children run with food in their mouths. Meals are treated as a social time so she sits down at the table and so do the parents and there is lots of talking around the group. Kathy always sits at the children's level and plays with them even when talking to the mothers. She also uses every opportunity to pick up a book and read to one or more children or point out pictures and name them. There are both mainstream children's books and also some Indigenous children's books at the playgroup. The children's own culture is reinforced often eg they have a set of Aboriginal clap sticks painted traditionally, and a number of Aboriginal posters and fabrics displayed around the centre.

Kathy has taken photos of all sorts of things and asked each child to talk about the photos. She then writes what the child has said under the photos, and makes them into a book for each child. Other books made had just photos of what had happened at the playgroup. At Christmas, they all receive small presents and often someone will come to the group to do traditional face-painting.

This playgroup is now an established program within the particular local government area, and some Indigenous women and their children come to the group from other municipalities and they are also picked up by the bus.

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SAVE THE CHILDREN'S FUND KINDERGARTEN

MOORoopNA, IN RURAL VICTORIA

This service runs 2 preschool programs (currently with 42 children aged 4 to 5 years) and a 3 year old group with 18 children. Each of the preschool groups are run on 2 days from 9am until 2.30pm, and the 3 year old group runs on 4 days. The programs have approximately equal numbers of Indigenous and non-Indigenous children. There are 4 staff members: an Indigenous director and preschool teacher, an Indigenous child care worker (for the 3 year old group), an Indigenous assistant and a non-Indigenous assistant, and a bus driver. Funding for the preschool classes comes from the Victorian Department of Human Services and the Commonwealth Department of Education, Science and Technology (for promoting numeracy and early literacy). Indigenous children attending the preschool receive funding from the ASSPA program ("Aboriginal Student Support and Parent Awareness program"). This program also encourages improved attendance and parental involvement in decision-making (for example, having Indigenous representatives on committees).

Buses collect and return the children to their homes, and there are no fees for any of the programs for children whose parents are holders of Health Care Cards. Parents are involved in excursions, and parent days are held at the centre to encourage parents to come in. There are usually 2 parent days per term eg to celebrate Easter, for open days to see what their children are doing, and for family barbeques. Talks about issues like healthy eating and dental hygiene are held for parents. The centre also holds cultural days, which are open to other mainstream preschools and to Batdja preschool in nearby Shepparton. Aboriginal elders, cultural officers and educators do art and craft, and work and play with the preschool children eg with puzzles and games. The coordinator commented that some families use books at home. At preschool, the children are involved in literacy and numeracy activities, such as counting, books, games, spacial awareness, colour recognition, and what is happening in the environment. Aboriginal elders come in and tell them stories. The children make scrap books with photos of themselves.

All children can be referred to mainstream Specialist Children's Services teams. Indigenous children are referred to the Medical Centre at the Rumbalara Cooperative for concerns about behavioural problems, speech delays or problems, or other health issues such as eye or ear problems. The preschool teacher does home visits to most parents. Staff at the major hospital in the area were invited to come to the centre to talk to parents of children with behavioural problems. However, parents stated that they would attend but this did not happen.

Special programs are organised by local primary schools to help smooth the transition of preschool children to school. A bus is organised by the Koori Early Childhood Field Officer (KECFO) for parents to see the different primary schools. Parents then go to their chosen school for meeting, with or without their child, to become familiar with the school. The children go at least 3 times to the school they will be attending for a half-day or full-day. Before they go to school, the children are spoken to about the roles of policemen, the lollipop lady (who helps them cross the road before and after school), and the fire brigade, to help them feel safe and more confident. Teachers at the schools consider that the children who have been to preschool settle in better to school than those children who do not go to preschool.

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“STRONG WOMEN STRONG BABIES STRONG CULTURE” PROGRAM

NORTHERN TERRITORY

The Strong Women Strong Babies Strong Culture (SWSBSC) program began in early 1993 because many Aboriginal women, nutritionists and doctors were concerned about babies being born too small, not growing well and being anaemic. They wanted to know why this happened. The need to maximize early antenatal care attendance, nutritional assessment and review during pregnancy was recognized. Other factors that decreased the health of mother and baby were infection during pregnancy and substance abuse eg smoking and drinking.

The SWSBSC program joins Western knowledge of pregnancy needs with traditional Aboriginal ways of mother and baby care. This happens through involving and then depending on Aboriginal grandmothers to encourage and support the pregnant mothers in traditional ways. Following research, the program was organised with funding from the Commonwealth Government for an 18 month trial period. This program utilised the knowledge and skills of both Aboriginal people and the medical and nutrition professions. The outcome was an effective program implemented by Aboriginal people themselves. It focuses on five areas.

1. NUTRITION

It was established that on the communities, many of the women were not getting the nutrition needed when they were pregnant. Strong Women workers encourage the young pregnant Aboriginal women to maintain a healthy diet of locally available bush food and store food.

2. DANGERS

When the Strong Women workers teach nutrition, they also talk about issues that can cause unhealthy babies. They use a diagram called “The Road to Long Life, Good Health and Happiness”. It clearly identifies many of the physical, emotional and social dangers faced by Aboriginal people today.

3. PROTECTION AND PREVENTION

Aboriginal people have always used their culture to protect them from diseases and social problems of all types. With a changing society and social values, it is important that Aboriginal people learn to deal with these issues. This is done using traditional values and customs combined with western style education to combat the bad influences around them.

4. SHARING

Sharing information is important. This is done in two ways:

1. Aboriginal women teach community health nurses traditional antenatal and postnatal care.

2. The community health nurses teach Aboriginal women how to take care of each other using the latest methods of antenatal and postnatal care.

5. CARING

As Aboriginal women learn new skills they then share this knowledge throughout the community including young post primary girls. This helps the community as Aboriginal people care for the mothers and future generations.

The program has proved to be very successful and effective. Funds have now been provided by the Northern Territory Government for the program to operate and expand into other regions and communities.

HOW THE STRONG WOMEN, STRONG BABIES, STRONG CULTURE PROGRAM WORKS

The program itself is run by a steering committee made up of Aboriginal women from the communities. When Strong Women workers meet with the steering committee they discuss what is currently happening in the communities as well as the future directions of the program.

Strong Women workers are not qualified health workers but are women selected by the Aboriginal community to work on this program. These women have specialised cultural knowledge relating to their local community. Strong Women workers work hand in hand with health professionals, community based health workers, local schools and other women in the community. Their goal is to reduce the incidence of problems during pregnancy and the number of small babies born on the communities.

The Strong Women workers are accountable to their community. They are employed by the Council or the Health Board. Strong Women workers are not employed by the Health Centre or Northern Territory Department of Health and Community Services. However, that Department offers funds for 2 years for the employment of the Strong Women workers in the program. Often, the receiving Body will use CDEP money to “top up” the funds.

For more information on the Strong Women, Strong Babies, Strong Culture program contact Territory Health Services.

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SUPPLEMENTARY SERVICES PROGRAMS (SUPS)

QUEENSLAND



Supplementary Services workers have primarily a facilitation role, empowering staff of Commonwealth funded childcare services (eligible to receive Child Care Benefit) with confidence, skills and knowledge to successfully include children with additional needs from four priority groups. These priority groups are:

- Aboriginal and Torres Strait Islander children
- Australian South Sea Islander children
- children of non-English speaking background
- children with a disability.

Eligible services include:

- Community based long day care
- Private and employer sponsored long day care
- Multi-functional Aboriginal Children's Services (MACS)
- Family Day Care
- In Home care
- Outside School Hours Care
- Vacation Care
- Year Round Care
- Occasional Care.

The SUPS priorities are to:

- use innovative and appropriate responses appropriate to the needs of rural, remote, regional, urban and Indigenous communities
- respond to different needs of professionals, parents and other people within child care services when working with children with high support needs
- promote and assist the development and adoption of inclusive practices
- work with child care services on specific inclusion strategies, including those services not currently accessing SUPS support
- facilitate planning for the inclusion of children with additional needs, including children with high support needs in child care services
- enhance understanding of childhood development
- foster links between child care and other community services to facilitate better support and access for families
- develop the skills of SUPS workers including problem solving ability, and
- develop or acquire resources as necessary.



The following are descriptions of the varied work undertaken by two SUPS workers in Queensland.

A. Barry Watson has been working in the SUPS program for four years at the Multicultural Children's Services Program (MCSP) in Logan City. Some of the activities they have developed for children, parents and childcare staff include:

- Numbers and parts of the body on laminated playing cards in the local Yugambeh language and English as educational tools
- Children's nursery rhymes translated into local Yugambeh language for use in child care services
- Handbook compiled of 71 traditional Aboriginal and Torres Strait Islander games collected from around Australia with modifications for use in early childhood and primary schools
- Multicultural puppet show featuring Aboriginal Australia, Africa, China, Mexico & France with songs, games and dress up national costumes
- Pilot Indigenous Family Day Care Scheme with 30 EFT places and an Indigenous Coordinator. Funding has been provided to pay for the carers' Public Liability insurance, Blue Card from the Children's Commission (criminal history check) and Senior First Aid and Cardiac Pulmonary Resuscitation (CPR) training.
- Laminated coloured animal masks on sticks for children to act out Aboriginal plays and learn about ancient lore and traditional beliefs.
- Punyahra Festival every April (funded by Queensland Health). "Punyahra" is a Yugambeh word for well-being and the festival caters for all ages and provides free childhood and adult immunisation, bush tucker demonstrations, traditional games, displays from government agencies and community organisations, face painting, appearance by Indigenous sporting personalities to talk on importance of fitness and diet, traditional dancing and food, and so much more.

B. Roslyn Von Senden has been employed by I.C.A.N. (Inclusion of Children with Additional Needs) in Mount Isa for the past 5 years as an Inclusion Facilitator (SUPS Service).

Our aim is to assist with the inclusion of children with additional needs (children with a disability, children from



Aboriginal and Torres Strait Islander heritage and children from culturally and linguistically diverse backgrounds) into high quality child care services.

There have been a few programs I have been involved with, but the main one that has been a big hit is the ICAN Sports Day. This idea came about when I was thinking about the main areas Indigenous children excel in, and one of them was sport. So every year it is now marked on our yearly planner. We run it as a sports day, but instead of the common games and races we have introduced inclusive games and races (from the 3 areas). The staff from the early childhood centres are finding new ideas and we are also creating other training methods with them.

I have developed Indigenous Story-telling by creating effective feltboards and stories from our local area. Another project is making Indigenous Kits that contain background information for the staff that include games, songs, stories, art and craft ideas. These work well as we do modelling sessions on how to include these into the early childhood program and the staff can then carry this on.

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MATERNAL AND CHILD HEALTH ENHANCEMENT INITIATIVE

THE VICTORIAN ABORIGINAL HEALTH SERVICE, MELBOURNE

A. SHARED CARE PROGRAM

The Victorian Aboriginal Health Service (VAHS) runs a Shared Care program for women during their pregnancy and then after the birth of their baby. This program is aimed at pregnant Aboriginal mothers who might otherwise not go regularly for antenatal (pre-birth) check-ups to the hospital where they will give birth to their baby. The Shared Care Program allows pregnant women to attend for most key check-ups with a closer-to-home accredited maternal and child health nurse or accredited general practitioner (GP). The VAHS has an arrangement with 2 large inner-Melbourne maternity hospitals and another less central one that allows a midwife at VAHS (Bernie Prunty) to be accredited as a Shared Care provider with these maternity hospitals. This arrangement increases the likelihood that Aboriginal pregnant women will attend regular check-ups during their pregnancy. The midwife at VAHS likes to see pregnant women early in their pregnancy to talk to them about their pregnancy and birthing options. Some women found it hard to get to the VAHS so the agency now has a pick-up service so these women can more easily attend. The service is flexible so Bernie will also do antenatal check-ups in their own homes if necessary. If a pregnant woman does not go to one of her key hospital visits, doctors in one of the shared care hospitals (the Mercy Hospital) will contact Bernie to follow up with the woman. She might ring or write to the woman, or an Aboriginal health worker might pay the woman a visit. These health workers work with Bernie in maternity enhancement eg they might go in the bus that collects pregnant women to bring them to their check-ups at VAHS.

Bernie works with pregnant women and mothers who may be experiencing hardship eg for those who may be experiencing homelessness, she will try to help them organise appropriate housing. She also works with women with an intellectual disability, and other disadvantaged women such as those who have recently arrived in Melbourne.

As stated in a report on maternity services for Aboriginal women in Victoria:

“Collaboration between Aboriginal communities, Aboriginal health workers, midwives, obstetricians and general practitioners, staff in maternity hospitals and other relevant services is of crucial importance in achieving an excellent standard of maternity care for Aboriginal women” (Campbell, S. 2000, p.20).

B. “BOORAI” (ABORIGINAL TERM FOR PREGNANCY, BABIES AND CHILDREN) CLASSES

Bernie and helpers run a monthly informal class, as an alternative to classes held at hospitals, for pregnant women and new mothers. The classes welcome fathers, family members (eg grandparents and older children) or friends. The classes run from 11.30 am to 1.30 pm and always include a healthy lunch. They provide support and education about pregnancy, labour, post-natal care and early parenting. There is a health topic each month, which have included breast feeding, nutrition before and after pregnancy; preparing for labour and delivery; and foetal development. The topics depend on the women’s needs and interests. Bernie describes the group meeting as “good informal support with an education focus”. She considers that the support is often more important than the education. Many families come from interstate and this is one way of linking to other women. Sometimes fathers attend too, and contraception was discussed with a group of women while a male sexual health worker talked about it to the men. The group has also covered early parenting issues eg a session on play, one on sleep and settling babies, and discussion about infant development and how physical and emotional development can be stimulated in young babies.

REFERENCE:

Campbell, S. (2000), *From Her to Maternity. A Report to the VACCHO members and the Victorian Department of Human Services about maternity services for the Aboriginal women of Victoria*. Koori Maternity Services Program.

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PLAYGROUP AT WATHAURANG ABORIGINAL COOPERATIVE

CITY OF GEELONG, VICTORIA

Milla Milla Playgroup has been operating at Wathaurong Aboriginal Cooperative, in the city of Geelong Victoria, for the past 20 years. The playgroup was originally formed by a small group of mothers (both Indigenous and non-Indigenous) of Indigenous children. This group successfully submitted for funding to run their playgroup as well as for the purchase of a small bus. Having a vehicle was essential to the success of the playgroup as Geelong is the largest regional city in Victoria and the Indigenous population is spread out across all suburbs.

In the early 1990s, the Aboriginal Health and Welfare Worker and the Coordinator of Children's Services found that a number of the playgroup mothers were reluctant to take their babies to visit the Maternal and Child Health (M&CH) nurses. Some mothers felt intimidated by having to go to the M&CH centres alone and, being Aboriginal, they feared that they might be seen as 'bad' mothers. Consequently their babies' progress was not being followed up and nor were their immunisations. The Cooperative staff started taking the mothers and children (0-5) to visit the M&CH nurses at the centre just down from the Cooperative. At the initial visits children were weighed and measured and their immunisation schedules checked. From those first steps, arrangements were made for the M&CH nurse to 'walk' the mums through the Immunisation Days held by their shire. As the numbers at the Immunisation Days increased, the M&CH nurse began to attend the playgroup once a month. This arrangement was more convenient and far less stressful for the children. One of the greatest benefits of that arrangement for the mothers was having access to a medical professional they felt they could trust. However, this service ended in the late 1990s when Wathaurong was informed that a doctor must be present when immunisations were being administered. Wathaurong was unable to meet the cost of having a doctor attend the playgroup once a month.

The playgroup is still situated at the same address along with the Health House (1999) and the Education Resource Centre. The Coordinator of Children's Services works closely with the Aboriginal Health Worker, the Koori Early Childhood Field Officer (KECFO), the Koori Pre-school Assistant and the Koori Family Support Worker. They provide an holistic approach to the health, education and welfare of the Indigenous families of the Wathaurong Community. The Children's Services Coordinator runs the playgroup on 4 days per week from 11am to 1pm. The children range from birth to 6 years old, and all must be accompanied by an adult. The children now bring their own nutritious lunch. The 12-seater bus collects children and their adult carers from their homes and returns them after playgroup. Children attending preschool can also come to the playgroup. The Children's Services Coordinator assesses all the children's needs, and the parents and her assistant help to set up activities for the session eg play dough, puzzles, painting, outdoor play, learning songs and listening to stories. The mothers read to their children too. The playgroup leader explains to the parents what she is doing with

the children and why, so they learn how to work and play with their children to help their development.

While the playgroup is running, the Children's Services Coordinator often runs programs for the parents/carers and these are usually fairly well attended and are made into social events. Information sessions have been run by Children's Services, Health House staff, the Koori Early Childhood Field Officer and the Alcohol and Drug Worker. A nutritionist may come and talk to the adults, or someone else about financial planning. A First Aid instructor in Geelong visited the Health House/Playgroup to teach the mothers how to save lives with cardio-pulmonary massage. This lesson was part of a statewide program focusing on friends and family of people prone to heart attack.

The Cooperative's Family Support worker comes occasionally to the group to get to know the families and may also bring someone from the nearby large mainstream family support agency (Glastonbury Child and Family Services). Glastonbury has run a program each Thursday for 4 weeks at the playgroup and will be doing so again on a regular basis. This program is called PEACH (Parents Exploring Activities with Children at Home) and it is filled with interesting activities for parents to share with their young children. All activities assist in the child's development and are especially designed to match each child's individual needs.

The regional Koori Early Childhood Field Officer and the Koori Preschool Assistant come regularly to the playgroup. The KECFO runs information sessions for the parents on enrolment to kindergarten. The preschool staff, children and parents all benefit from the visits as they have the opportunity to get to know each other. This encourages the parents to send their children to Kindergarten as they know they have access to Koori workers to assist them if the need arises.

The Aboriginal Health Worker's office is only about 3 metres from where the playgroup is held. All the children and their parents/carers know her well. She helps pregnant mothers by organising their appointments at the large hospital in Geelong. If one of the women at the playgroup needs to see a specialist, the AHW will help them to get an appointment and often even drives them to the specialist. At the beginning of each year, she rings for a number of block bookings every fortnight over the year for dental appointments at the Victorian Aboriginal Health Service. She then allocates the people at Wathaurong to a booking and the 7-seater community bus will take as many people down as will fit in the bus, or she drives them down in her work car.

The local Koori Education Development Officer, funded by the State Education Department, also works from the centre. He keeps in touch with school principals about the Koori children's progress and any problems such as frequent non-attendance at school. He may then involve the Family Support Worker who might drop in on the family to chat to them and to find out if they have any problems. This worker

may also make casual home visits to families with children younger than school-age. She may refer families to a service and after they have made an appointment she might take them to it. Examples of referrals made include to Geelong's Centre Against Sexual Assault and to Glastonbury's Strengthening Families program.

Other activities include a Nutrition Day to inform parents of the importance of preparing and serving their children nutritious food and to encourage healthy eating in the home and at playgroup and school. National Aboriginal and Islander Children's Day is celebrated every year at Wathaurong with all service areas in the Cooperative contributing to the day. A Quit Day (World No Tobacco Day) is organised each year by the alcohol and drug worker, and is a fun day for parents and children with a BBQ lunch provided. There are lots of activities for the children

and information for the parents on the benefits (of not smoking) to their health and their children's health.

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WUNALA JET CRECHE

REMOTE COMMUNITY OF BORROLOOLA (NT)

The Wunala JET Creche started at the beginning of 2001 at Borroloola in the Northern Territory, about 700 kms from the nearest town. JET ("Jobs Education and Training") Creches are not currently classified as "child care centres" but the Wunala one will become licensed because of the way it has progressed. JET creches do not currently have to employ staff with childcare qualifications. This Creche was tiny when it began as a place to mind children whose parents were working. It has come a long way since. The Creche had been run in one converted shed. However, with nearly 50 children now on their books, there is not enough room. A good sized demountable with 2 toilets, a shower and 2 small sinks has now arrived, and an extension is being built with a large undercover sandpit. The new building extension will allow separation of the toddlers from the babies. The Creche minds babies to 4 or 5 year old children, and at the time of talking to the coordinator, the youngest child attending was 2 months old. The children stay all day and are given breakfast, morning and afternoon teas, and lunch. The children are also provided with clean clothes. The Creche provides employment and training options for the community members, where otherwise there is not much in Wunala. The mothers of the children are all working or are doing a course. 12 of the mothers are doing a Certificate 2 course, mostly in childcare training. A teacher from Batchelor College visits every two months and provides on-the-job training.

The children are taught numbers in their own language and traditional dances. They learn about bush tucker and how to cook food such as fruit, vegetables and meat in the ground. There is an alcohol problem in the town so the Creche may take some children in for care. The local clinic also rings to try to get children into Creche. Most of the children in the community do not want to go to school, but the Creche is seen as a pathway to entering school. All of the children who have attended the Creche go on to school.

The clinic sister shows the staff of the Creche how to go down to the community to persuade the mothers to bring their children to the Creche. At the Creche, they can cook and then take home the food they have cooked. The clinic sister talks to all the women at the Creche once per week about pregnancy and looking after children. The Borroloola Language and Cultural Preservation Unit have joined with the Creche to do the Wednesday women's half-day sessions. Activities in these sessions include gathering and collecting bush tucker, cooking, learning language, creating posters and traditional dancing. The ladies from the Language Unit have been teaching the children language words for body parts and posters of the body parts are being drawn up to hang on the walls in the Creche. Once a month they all go bush tucker collecting. This has been a good venture as the elders are concerned about losing their culture. These activities are all part of the Strong Women Strong Babies Strong Culture program.

There are currently four full-time staff and eight part-time. Mabunji Aboriginal Resource Association supports the Creche in terms of financial administration, assisting in the organisation of the building extension, allowing the Creche to use the minibus, mentoring and management support. The town has been lobbying for over ten years for childcare in Borroloola. Without a JET program the Creche would never have happened. The success of the Creche has been an inspiration to the town and shows what can be done if everyone works together.

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YORGANOP CHILDCARE ABORIGINAL CORPORATION

PERTH, WESTERN AUSTRALIA



Yorganop, in Perth (WA), is mainly a foster placement agency for placing Aboriginal children. Families with at least one Indigenous partner are eligible for a foster care role. Yorganop's speciality is to recruit and then support carers to ensure that placements remain stable. In addition, Yorganop is undertaking a number of projects and programs for Indigenous parents (and children). Examples of their projects/programs follow.

1. GENERIC PARENTING SKILLS RESOURCES

Yorganop is developing a set of 10 videos, 10 little booklets and a flip chart to be used to trigger particular learning about generic parenting skills. The kits are being made for the Western Australian Department for Community Development (DCD) and Yorganop will use them too. They will be used in groups to trigger participant discussion about parenting. Consultations with Indigenous people indicated that their preferred learning styles would indicate that information sharing works best for Aboriginal parents or would-be parents. This seemed the most culturally appropriate as traditionally a respected person would share information about child rearing. A "talking head" video is run and then paused for a time for group sharing about their own experiences. Then the facilitator can fill in any gaps. The videos are done in English, as the traditional language in the southwest of WA is not used much any more. This project has been funded by the Commonwealth Department of Family and Community Services' Initiative - "Indigenous Parenting and Well-Being Projects".

2. YORGANOP BECOMES A REGISTERED TRAINING ORGANISATION (RTO)

Yorganop became a Registered Training Organisation at the end of 2002. The Western Australian Department for Community Development (DCD) developed a nationally accredited training package for a Level 3 Certificate in Child Care (Aboriginal Communities). This Level 3 Certificate teaches people how to set up a childcare centre with all the appropriate and relevant developmental and statutory knowledge. DCD is copywriting the training package to Yorganop, and has provided a seeding grant from DCD for Yorganop to

disseminate the package. Yorganop has employed an Aboriginal person well trained in workforce training to disseminate the package. The Australian Quality Training Framework (AQTF) requires that people teaching this certificate course are suitably qualified, that the RTO will be audited or reviewed annually about how the course is being taught, its assessment, resources, and whether there is a course steering group, and a strict contract. The Certificate is first being taught at the childcare centre, Gurlongga Njinjinj, in Perth and secondly in the small community of Gnangara in metropolitan Perth. Gnangara plans to open their own childcare centre there. People doing the training can apply to childcare centres for work. The course will be taught for 20 hours per week over the TAFE teaching year, and it comes under AbStudy. Yorganop will be the leading partner in setting the course up for other RTOs to offer. The person delivering the training will ideally have a Certificate IV in Assessment and Workplace Training. This Certificate 4 course is run as a 7-day block by some colleges.

3. ESTABLISHMENT OF A REGISTER OF AUTHORISED ABORIGINAL SPOKESPERSONS

Yorganop is involved in a process of establishing a register of authorised spokespersons who may be used to represent communities in consultation processes. A large list of about 500 community organisations in WA (including all CDEP centres) will be contacted and asked about the number of different language groups, the number of family groups and who would be widely considered to be authorised spokespersons for these groups. These spokespersons will be involved in discussions about inter-departmental collaboration with communities to address the safety of children. This initiative adds to and is informed by the work and findings of the Gordon Inquiry.



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BACKGROUND ON SNAICC

The Secretariat of National Aboriginal and Islander Child Care, SNAICC, is the national peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families.

SNAICC was formally established in 1981 after the creation of such a body was proposed by Aboriginal and Torres Strait Islander people at, "The First Aboriginal Child Survival Seminar" held in Melbourne in 1979.¹ The organisation elected its first national executive in 1982 and opened its office after first receiving Federal Government funding support in 1983. 2003 marked SNAICC's 20th anniversary.

The first Aboriginal and Islander Child Care Agencies, AICCAs, SNAICC's founding members, developed following a study trip to the United States by the late (Auntie) Mollie Dyer from the Victorian Aboriginal Legal Service.²

Inspired by the success of Native Americans in reducing the rate of child removal, and in particular the Yakima Indian Nation, Mollie returned to Australia to establish the Victorian Aboriginal Child Care Agency, VACCA. Soon afterwards the NSW Aboriginal Children's Service was formed in Redfern and South Australia AICCA in Adelaide with these new bodies becoming a model and source of inspiration for the establishment of similar agencies across Australia.

SNAICC now operates from a membership base of Aboriginal and Torres Strait Islander community based child care agencies, Multi-functional Aboriginal Children's Services, family support services, foster care agencies, link up and family reunification services, family group homes, community groups and voluntary associations, long day care child care services, pre schools, early childhood education services and services for young people at risk.

In addition to these members SNAICC has a network and subscriber list of over 750 community groups, mostly Aboriginal and Torres Strait Islander, but also significant numbers of non Indigenous community based services and individuals with an interest in Aboriginal and Torres Strait Islander families and children.

SNAICC is governed by a national executive of Aboriginal and Torres Strait Islander people drawn from our members and operates from an office located in Melbourne with two part time staff.

1 Briskman, L. (2000). Aboriginal Activism and the Stolen Generations: The Story of SNAICC. Thesis submitted for the degree of Doctor of Philosophy, National Centre for Australian Studies - Monash University. Melbourne. page 2.

2 ibid page 128

SOME RECENT AND TYPICAL ACTIVITIES

Key milestones in SNAICC's commitment to serving the interests of Aboriginal and Torres Strait Islander children and families have included:

- Bringing to national prominence the story of the 'Stolen Generations' when in 1991 SNAICC was the first national Indigenous organisation to call for a national inquiry into the 'Stolen Generations'
- Production of "Through Black Eyes - Family Violence Resource Handbook" in 1991 and 1992;
- Development of National Aboriginal and Islander Children's Day, NAICD, (August 4th each year), as a major annual event celebrated by communities throughout Australia.
- Presentation of a major paper to the First National Child Sexual Abuse Conference, Melbourne 1994; 'Sexual Abuse and Aboriginal Children: An Exploration'
- Research and development of paper for the International Year of the Family National Secretariat on issues and priorities for Aboriginal and Torres Strait Islander families
- Representing the rights and needs of Aboriginal and Torres Strait Islander children to the United Nations Working Group on Indigenous Populations in 1998 and 2000
- Research and production of the 'Proposed Plan of Action for Child Abuse and Neglect in Aboriginal Communities' in 1996
- Convening the second National Aboriginal and Torres Strait Islander Child Survival conference in June 1997.
- Compilation of a national report on the operation of the 37 Commonwealth funded Multifunctional Aboriginal Children's Services, MACS, for the Department of Family and Community Services.
- Reaching agreement with the ATSIC Board of Commissioners in 2000 on the need for the development by ATSIC of a National Aboriginal and Torres Strait Islander children's, youth and family policy to guide their program development and policy advocacy.
- Publication in 2002 of 'Through Young Black Eyes' a national resource booklet and community elders guide responding to issues of family violence and child abuse in Aboriginal and Torres Strait Islander communities.

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