In this issue

Identifying and bridging the gaps for Indigenous Australians

Readiness for school: Testing the assumptions

Challenging patriarchal policy

Quality improvement: Designing programs for all children

and more …
The Australasian Journal of Early Childhood (AJEC) is published quarterly and is sponsored by Early Childhood Australia. It features up-to-date articles designed to impart new information and encourage the critical exchange of ideas among practitioners in the early childhood field. The AJEC Committee invites contributions on all aspects of the education and care of young children. The journal is controlled by an editorial board and all submissions undergo a blind, peer-review process.

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WE ARE EXPERIENCING a time of financial uncertainty around the world and reflecting on the results of natural disasters nationally. It is remarkable that the focus on early childhood education is holding its own in maintaining a place on political, academic and community agendas. Plans for ‘bridging gaps’ from different perspectives should encourage a time of responsible reflection. It is essential that all early childhood professionals consider what assumptions are being made as plans emerge. This reflection should not create barriers but rather inform approaches to all aspects of development in our field. It is not a time to shy away from the complexities of early childhood education. It is a time to articulate what is really needed to make change to achieve the high expectations expressed in early childhood education and care agendas.

For example, we know that identifying and bridging the gaps for Indigenous Australians is taking a huge amount of consideration as each task becomes increasingly complex. The complexity of improving representation of Indigenous childcare workers in the mainstream childcare workplace is described by Hutchins, Frances and Saggers. Achieving cultural safety requires more than commitment to cultural sensitivity. Culturally competent service systems which are shaped by valuing cultural differences and include flexible employment practices are key to achieving cultural safety. In addition, further attention is required to develop more appropriate content and new models of delivery of nationally endorsed training packages to acknowledge Indigenous knowledge, practices and contexts. Bringing authentic Australian Indigenous perspectives to other aspects of children’s services is considered further in Hutchins, Frances and Saggers’ next article. They report on consultations which clearly indicate that quality assurance systems need to embrace different definitions of quality and flexible designs.

The heralded plans for increased preschool education opportunities for children during the year before school, in Australia, connect to a set of assumptions. Dockett and Perry explore the concept of readiness for school as a relational construct. Through this discussion some of these assumptions are tested. Children’s readiness for school through increased access to preschool education may well be enough to enhance success in the early years of school. However, sustained success against higher expectations will require attention to schools’ readiness for children, and family and community supports.

Professionalism and education pathways for achieving early childhood qualifications are part of many conversations related to achieving the workforce needed for the rapidly evolving Australian early childhood education environment. Whittington, Ebbeck, Diamond and Yim investigate the experiences of those who take a pathway through diploma study at TAFE and then progress to a university degree. Current policies and planning indicate that we are going to require a substantial increase in quality graduates who will remain in the workforce for some years to come. Consideration of a variety of programs, pathways and innovative modes of delivery is essential so that the higher education sector can quickly and responsibly respond to the changing early childhood education workforce requirements.

Sims challenges us all to unpack assumptions and the viewpoints on which policy is currently based. She introduces us to applying a different ontogenic lens to policy related to the development of all child care. Her warning is clear that ‘we cannot afford to not invest in the early years’ and that governments must consider children to be important enough to bring new perspectives and ways of thinking to debates and consequent policy.

Riethmuller, McKeen, Okely, Bell and Sangoriski remind us that there is much that we can do to support efforts to introduce positive physical activity habits in early childhood. Their study included identifying barriers to physical activity and developing a resource and professional learning experiences for staff which reflect the needs and differing contexts of children’s services. The focus on design of the resource and the many specific aspects of professional learning considered provides an excellent example of the detail that must be part of enacting new policy and practice in children’s services. Valentine and Thomson also explore design of programs but in their case they report experiences of improving processual quality in a program to benefit disadvantaged children and their families. They remind us that changing the way people do their jobs is difficult but not impossible when sufficient time and appropriate resources are used to introduce change to all involved in an early childhood service.

I challenge you to explore the changing early childhood education environment through your reading and engaging with the content of this edition. The journal reflects the professional perspectives, policies, practices and knowledge of our time. In our continued commitment to bring this debate and discussion across the world, AJEC is now available online. To further reflect this step forward, and the international scope of the journal, this issue will be the first with our new title, the Australasian Journal of Early Childhood.

Tracey Simpson
Charles Sturt University
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Improving the representation of Indigenous workers in the mainstream childcare workplace

Teresa Hutchins
Katie Frances
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Sherry Saggars
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THIS ARTICLE IS CONCERNED with the under-representation of Indigenous workers in mainstream childcare services and the associated problem of the under-representation of Indigenous children in such services. Specifically, it focuses on workforce issues that serve as barriers to both attracting and/or retaining Indigenous staff. The research methods included focus groups, community consultations and interviews with key stakeholders in the childcare field, in order to identify Indigenous childcare workers’ needs and preferences as well as those of their children, families and communities. An analysis of international and national literature on the Indigenous childcare workforce provided a context for the evidence presented from the focus groups and individual consultations, and as a point of reference to compare existing understandings to those arising from these discussions. The research findings highlight three key issues that serve as significant barriers to Indigenous people entering and/or remaining in the childcare workforce, and to Indigenous children and families accessing mainstream childcare services: the lack of the provision of culturally safe workplaces, the lack of flexible employment practices, and the lack of opportunities for Indigenous workers to receive on-the-job training.

Introduction

PROVIDING A SUCCESSFUL childcare program for Indigenous children and their families rests upon ensuring the availability of an appropriately skilled and willing workforce (the term Indigenous is used here to refer to those people who identify and are accepted as such by their community). It is widely recognised that a childcare policy that focuses upon the supply of places at the expense of addressing workforce issues is not sustainable (Department of Family and Community Services, 2003; Department of Families, Housing, Community Services and Indigenous Affairs, 2007; Whitebrook, Sakai, Gerber & Howes, 2001). Furthermore, despite the evidence that Indigenous children would benefit from formal child care, they are less likely to access mainstream childcare places than are other Australian children (Department of Family and Community Services, 2003; Productivity Commission, 2005). The reasons for this are complex, but include the inability of mainstream childcare to develop culturally competent service systems that meet the needs and preferences of Indigenous childcare workers, and their children, families and communities. Bamblett and Lewis (2007) underline the importance of culturally competent service systems and argue that children and their families often fall victim to 'cultural abuse' in the form of agencies and practitioners intentionally and unintentionally ignoring, denigrating and even attacking their culture.

Important to the notion of cultural competence is the embedding of cultural information and practices in standards, policies and attitudes. Cultural competence is defined by the US National Association of Social Workers (2001, p. 9) as:

[The ability of] individuals and systems to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.

The inability of mainstream childcare services to develop and provide culturally competent service systems serves as a significant barrier to attracting and/or retaining Indigenous workers in mainstream childcare services, and to Indigenous children and
families accessing such services (Waltja Tjutangku Palyapayi Aboriginal Corporation, 2001; Fasoli, Benbow, Deveraux, Falk, Harris & Hazard et al., 2004; Trigwell, 2000).

The research we are reporting thus highlights three significant issues raised by Indigenous people as essential in order to attract and retain them in the mainstream childcare workplace and, in turn, to increase the likelihood of Indigenous children and families accessing such services. These include: the provision of culturally safe workplaces with flexible employment practices and opportunities for Indigenous workers to receive on-the-job training. In this article we argue that Indigenous children are poorly represented in mainstream care services and that their under-representation results largely from a lack of culturally safe services and the significant barriers to Indigenous people entering and remaining in the childcare workforce.

**Background**

In 2001, throughout the states and territories of Australia, the Indigenous childcare workforce represented just two per cent of all childcare workers and 1.1 per cent of all childcare coordinators. This amounted to 1,217 Indigenous workers and just 70 Indigenous coordinators (Australian Institute of Health and Welfare, 2005). In 2006, the Australian Bureau of Statistics reported a slight increase in the number of Indigenous childcare workers: 2.4 per cent, amounting to 1,424 of the total childcare workforce population. The number of Indigenous childcare coordinators was not reported (Australian Institute of Health and Welfare, 2008).

The Australian Government’s Family and Children’s Services (Department of Families, Housing, Community Services and Indigenous Affairs, 2007), Bond (2000) and Trigwell (2000) have all acknowledged a shortage of qualified Indigenous childcare workers. This shortage, however, is not confined to Indigenous staff: there is both national and international acknowledgement of the difficulties for mainstream services to attract and maintain a stable, reliable, skilled (non-Indigenous and Indigenous) childcare workforce (DfES, 2006; Community Services Ministers’ Advisory Council, 2006; Whitebrook et al., 2001).

In terms of the number of Indigenous children accessing formal child care, reliable statistical information is limited for a number of reasons, primarily having to do with the identification of Aboriginality by children’s services and the uneven reporting of children attending some non-mainstream services. A number of authors have, however, cited the poor participation rates of Indigenous children in mainstream government-funded child care (Department of Families, Housing, Community Services and Indigenous Affairs, 2007; Pocock, 2002; Priest, 2005). The Australian Government’s *Census of Child Care Services* reports figures on the likely number of Indigenous children attending childcare services in each state and territory. In the 2006 Census these figures indicate that almost 11,821 Indigenous children, nationally, were attending long day care, family day care, in-home care, outside-school-hours care, vacation care, occasional care, multifunctional services, multifunctional Aboriginal childcare services, and mobile and toy library services (Australian Government, 2008). Approximately, just two per cent of children in long day care were identified as being from Aboriginal or Torres Strait Islander families. This compares with four per cent of the total birth-to-four-year Australian population identified as Indigenous or Torres Strait Islander in the 2006 ABS *Census of Population and Housing* (Australian Government, 2008, p. 16).

In 2003, in recognition of the problems within the childcare workforce and in response to the Commonwealth Child Care Advisory Council’s report, *Child care: Beyond 2001*, the Commonwealth Government convened the Child Care Workforce Think Tank. The government acknowledged that staffing shortages in Australian childcare services could ‘jeopardise the future quality of care in Australia’ (Department of Family and Community Services, 2003, p. 3). The key objectives of this think tank were: to develop cross-sectoral understandings of current workforce issues, and the related issue of greater collaboration between stakeholders; and to develop strategies for addressing current workforce issues which affect the status of child care both as a profession and as a service provision.

The recommendations put forward included: improvements to the rates of pay and employment conditions; an emphasis on training and professional development; and the development of a national workforce planning strategy. Community perceptions of the value of children and children’s services were also highlighted as important components of the issues affecting the status of child care. Consequently, the workforce planning project, specifically developed to ‘increase the attraction and retention of qualified staff, in particular Indigenous childcare workers’ (Department of Family and Community Services, 2003, p. 9), was implemented by the Community Services Sub-Committee (and supported by the Commonwealth Government).

The results of this project, the *National Children’s Services Workforce Study*, were published in July 2006. However, the study reports that ‘[e]thnicity data was not collected in the survey’ (Community Services Ministers’ Advisory Council, 2006, p. 34). Where data relating specifically to Indigenous workers is recorded, this is limited to statistics which reflect ‘a sense of the
likely Indigenous workforce ... obtained from the [2001] Australian Bureau of Statistics Census of Population and Housing’ (p. 34). The lack of attention to issues specific to Indigenous workers, however, leads to the idea that issues affecting mainstream childcare workers can be extrapolated to the Indigenous experience. In this sense, the survey does little to progress the development of ‘increasing the attraction and retention of qualified staff, in particular Indigenous childcare workers’ (Department of Family and Community Services, 2003, p. 9).

The most recent initiatives relating to attraction and retention of childcare workers in mainstream services arise from the Commonwealth Government’s budget measures 2008–2009. The following are of particular relevance: a 50 per cent remission value on Higher Education Contribution Scheme/Higher Education Loan Program (HECS/HELP) to all early childhood education teachers working in a regional, remote or high disadvantaged area; the funding of an additional 500 Commonwealth-supported university places for early childhood education qualifications over a four-year period; and funding over four years to remove fees (from 2009) for the diplomas and advanced diplomas of children’s services courses delivered at TAFE institutions. These measures are part of the Government’s National Early Years Workforce Strategy and the Early Childhood Education Workforce Strategy which aim to improve recruitment and retention in childcare services, provide incentives and opportunities for childcare workers to improve their qualifications and develop expertise in early learning and care. These measures have been implemented to increase the level of qualified staff in preschool and childcare services, particularly in areas of high need (Australian Government, 2008, pp. 144, 147, 148).

In addition to the above initiatives, in October 2005 the Australian Government commissioned a broad-based national consultation with Indigenous communities and service providers to identify childcare needs and preferences of Indigenous families and children. This paper thus draws upon components of the consultations relevant to the above issues. Results from the larger research project will be published in separate articles.

Methodology

A mixed method approach was used in the collection of data. Quantitative data, in the form of descriptive statistics regarding the number of Indigenous childcare workers, and the number of Indigenous children using childcare services was obtained from the 2005 Australian Institute of Health and Welfare report, The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples, the Department of Family and Community Services 2006 Census of Child Care Services and the 2005 Productivity Commission’s Report on Government Services. Semi-structured ‘sets’ of questions were used to obtain qualitative data from focus group discussions and individual consultations with relevant childcare and Indigenous networks, service providers, community members and government representatives. A review of national and international literature regarding workforce issues for the childcare industry, with a particular focus on the Indigenous childcare workforce, was also undertaken and provided a context for the evidence presented from the focus groups and consultations.

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

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

Limitations of the research included time constraints, the limited sample, and the contested role of government at the consultations because of philosophical differences about the appropriateness of child care and the role of government in the provision of child care.

Findings

A preference for Indigenous staff

The importance of local Indigenous people caring for Indigenous children was emphasised in most community consultations. The primary reasons for the preference of Indigenous staff looking after Indigenous children relate to both a lack of cultural sensitivity and understanding on the part of non-Indigenous staff. For example, one parent explained:
I took my kids to that other centre [mainstream] and I waited 10 minutes there and no one came to me. When someone did come they asked if I needed something. Well, I said, ‘Of course I need something. I wasn’t standing here for nothing,’ and I stormed out of there. I would never go back there.

Although some service providers and community members acknowledged that they had positive experiences with non-Indigenous childcare staff, many told stories of feeling shamed and disrespected when they had approached a non-Indigenous childcare worker. Their sentiments were summed up by another parent, who explained:

You want someone who knows your values and customs. If non-Indigenous people are caring for Indigenous kids they should be authentic, have good knowledge about Indigenous values, not just attend a workshop on culture.

—Member of a metropolitan community

The majority of parents also highlighted the need for trust in those caring for their children and the need for non-Indigenous childcare workers to become part of the community. For example, the parents at one service emphasised how their non-Indigenous caregivers had become part of their extended family:

They are people we see when we go to gatherings and meetings, they are still involved in our community—they are part of our family.

—Member of a regional community

The development of trust for the majority of parents was most easily achieved, however, when family members were working at the centre:

We must know the people working here, we have to trust the workers who look after our kids; in this community you must be on CDEP to work in childcare. Workers should be from the community.

—Member of a remote community

A mix of ages and gender of caregivers was also seen as a preference. In general, the consensus was that it was good to have ‘a mix of people, old and young’. While the important role played by senior women caring for children, and the importance of elders, were acknowledged as important considerations in choosing caregivers, a young women’s group said they would like some young people like themselves because:

Some older people are a bit hard; we don’t want the workers to be too old.

—Member of a metropolitan community

Furthermore, while the majority of Indigenous childcare workers are women, the presence of male carers was evident (although no count of their numbers was undertaken). For example, two of the Multifunctional Aboriginal Children’s Services had male directors and several employed male caregivers. One of the Multifunctional Aboriginal Children’s Services had a male cook and another employed a male ‘bus carer’. The importance of men in child care was also raised in several of the community consultations:

Would be good to have some men—boys look up to males, my kids are full-on boys, and they need some male input, including physical activity. There’s some interest in child care by men, [but] there is some stigma attached, and it would need to be a certain kind of male.

—Member of a metropolitan community

Having some men would be good, especially for the boys, they can be role models. If men are employed they need to have police clearance, qualifications and experience.

—Member of a metropolitan community

Culturally safe workplaces

A major finding from our consultations was the need for mainstream childcare services to provide a culturally safe workplace in order to attract Indigenous families and retain Indigenous workers. Cultural safety in the workplace incorporates the knowledge that as an individual you can express your identity, practise your culture and have your values honoured without fear of ridicule, chastisement or prejudice (Hutchins, Martin, Saggers & Sims, 2008).

Culturally safe workplaces were represented in our consultations by those services that had retained their Indigenous workforce over a number of years. In these services the staff had a strong sense of belonging and commitment. The concept of cultural safety was reflected in many of the staffing practices in these services and the way the staff spoke about their work:

[We] need to have culturally safe services, give a voice to the staff, families and children, where they can use language, have staff from the same culture, have an understanding of family obligations, make a space for sorry business, support their study and training. A place that is inherently safe because of the type of people in the service.

—Service provider from a remote community

Other caregivers said they appreciated having a workplace that allowed them to express their culture and encouraged them to be culturally strong:
Need to be recognised and respected for your individuality, encourage your culture. Families look for stuff they can relate to. It is not just about art work, you need to experience it for yourself. We are a family here. It is just about the way we are with the kids and the families. I love my job. The mobile unit makes kids happy. When it is the wet season, like now, I miss the kids.

—Service provider from a very remote community

Other caregivers, on the other hand, reported stories of working in mainstream services and being chastised for speaking in their own language or using Creole with the children. Rather than this being perceived as adding value it was often treated with suspicion and antagonism. What is clear is that services that are not perceived to be culturally safe are unlikely to be used by Indigenous people—a point emphasised throughout the consultations. As one of the government officials pointed out:

Indigenous staff in mainstream often feel uncomfortable. They are the token black person. The people there don’t understand them.

—Government representative from a metropolitan area

This view was reinforced by a service provider who argued:

Services need to get respect from the Aboriginal communities. This respect needs to be earned. Non-Aboriginal people need to learn how to speak to Indigenous populations and ask what Aboriginal people want. They need to be polite and treat Aboriginal people as individuals. Aboriginal people are not all the same. You need to break the cycle of racism.

—Service provider from a metropolitan area

Flexible staffing practices that took into account changing family responsibilities were also important in the provision of culturally safe workplaces and were evident in services that were able to both attract and retain Indigenous staff. For example, the director of one service allowed a caregiver who operated a mobile service in a remote area to swap positions with another caregiver while she attended to her family responsibilities. Another example was found in a regional area, where an extended leave of absence was granted for a caregiver to look after her sick husband. In both instances, the caregivers returned to work once their family responsibilities had been resolved. As one director explained:

The staff here have to have so much flexibility, you have to be prepared that within some months you will have no one, they will disappear; they will take off and do something different. You have to let them do that.

—Service provider from a remote area

**On-the-job training**

Even though the lack of culturally safe workplaces is a key factor in the shortage of qualified Indigenous workers, the major factor is the lack of culturally appropriate training. Service providers across the country stressed the need for flexible on-site delivery of training. This was believed to be important for a number of reasons. As one service provider pointed out, Indigenous people are:

More likely to start when assured of a position—rather than doing training in hope of getting a job later.

—Service provider from a metropolitan area

Other service providers explained:

Training appears to be daunting to Aboriginal people. Many childcare workers do not do training until they get older, more experienced and more confident; when they’ve already had their own children. I was about 40 and I got through it. It was hard, but I have managed. Then there was this transition course to get into the Diploma. I did that too. I worked till 5–6pm and then attended classes. It was hard.

—Service provider from a metropolitan area

For many young women, the last thing they want is to go back to school [for training].

—Community member from a metropolitan area

It is very difficult for many caregivers living in rural or remote areas to leave their communities to attend training colleges or universities:

There are a number of issues for women. Those with little kids don’t want to leave the community for training in B [distant city based site]. They want on the job training in J [local community] or at least in K [nearest town] and they want to be paid while they train. They would be happy with CDEP plus top up.

—Service provider from a remote area

Other service providers emphasised the need to recognise the skills that mature age women bring to the workplace and to value current competencies as well as undertake more ‘on-the-job’ assessment:

To help Indigenous workers to get their qualifications there has to be recognition of skills that caregivers had developed while working. Experienced workers know a lot. There are the theories they need to learn about, but there is lots of things that they do not need to learn.

—Service provider from a metropolitan area

We need to move away from the mainstream training structure. There are childcare workers who have been working for many years. They have the skills and knowledge. People should not be asked to re-
learn what they already know. Flexibility is needed in the training arrangements. RPL [Recognition of prior learning] is important, recognising the existing strong base and there should be a possibility of fast tracking.

—Service provider from a metropolitan area

Some also expressed the view that on-site flexible delivery by Indigenous trainers would be better able to take account of the differences in learning styles and levels of literacy. For example, there is a need for assessors who are able to be flexible in their assessment practices:

We need more Indigenous assessors to go with students, so that they’re not marked down for not reading to the children when in fact they’re telling them stories. If we had indigenous assessors it would help some situations, such as my daughter who volunteered at a centre but couldn’t pass the assessment. We need oral assessment, most Murris’ are more oral.

—Community member from a metropolitan area

Many childcare workers reported that they could not study at home because of family commitments. They believed that time to study at work was essential, as many were the primary caregivers for large numbers of family members:

Mostly families have a lot of people living in their homes. I have six adults and six kids living with me.

—Service provider from a very remote area

Many students can’t study at home because they have the primary role of caring for family, kids, grandkids and so on. There is often what white fellas would call chaos in the home; e.g., large numbers of people living there, no place to put a book, alcohol issues, domestic violence, etc. No quiet place to study.

—Service provider from a very remote area

Best practice examples of flexible delivery

There are many good examples of successful training programs for Indigenous childcare workers around the country. Several service providers in Queensland spoke well of the state government’s training strategy and, in particular, the Cape/Gulf Remote Area Aboriginal and Torres Strait Island Child Care Network (RAATSICC), and were proud to be obtaining their qualifications:

We put the qualifications on the wall and have a celebration when they get their certificates. It’s only a Certificate III but it’s everything to them.

—Service provider from a rural area

The Batchelor Institute of Indigenous Tertiary Education in the Northern Territory, Yorganop in Western Australia, and some colleges of TAFE are also providing culturally appropriate and flexible training programs. An example of such flexibility can be seen in the practice of local tutors meeting with their students at a time and place convenient for the students, usually their workplaces and usually after hours. However, while this level of flexibility was highly valued, there was some criticism that tutors were not affording students’ current competencies a high enough value in the assessment process. Several service providers themselves noted this as an issue of concern, and thought there should be more on-the-job assessments and less written work:

TAFE teachers don’t give credit for workplace learning and don’t check for literacy and numeracy.

—Service provider from an outer regional area

Discussion

The central question posed in this paper was ‘how to improve the representation of Indigenous childcare workers in the mainstream childcare workplace’. The multiple responses to this question, as obtained through the focus groups and individual consultations, highlight four important issues that serve as barriers to Indigenous people entering and/or remaining in the childcare workforce.

First is the need for cultural safety in the workplace. Cultural safety incorporates the development and implementation of culturally competent service systems that recognise, acknowledge and value the worth of individuals, families and communities. It also requires attention to, and an understanding of, the historic, sociocultural, political and economic contexts in which Aboriginal and Torres Strait Islander disadvantage has developed, as well as ensuring that cultural differences are legitimised in such a way as to preserve the dignity of people and cultures (TICHR, 2005). Thus, cultural safety is more than having a cultural sensitivity to individuals. Rather, it requires the embedding of the value and importance of cultural differences in policies and practices that guide systems and organisations. Such safe workplaces require a commitment to diversity in the selection of staff, the adoption of Aboriginal and Islander perspectives in policies and programs, developing partnerships with local Indigenous organisations, providing opportunities for non-Indigenous staff to learn first-hand from Indigenous experts, and facilitating them to overcome gaps in their knowledge.

Second, another important aspect of cultural safety is the need for flexible employment practices. The overriding cause of retention problems in mainstream services differs between Indigenous and non-Indigenous workers. For non-Indigenous workers,
turnover is closely related to dissatisfaction with pay and conditions (Community Services Ministers’ Advisory Council, 2006). For example, the National Children’s Workforce Study (2006) noted that, in relation to opinions about how better to retain staff, the three statements with the most agreement were: ‘workers in the sector should have higher wages’ (96 per cent); ‘pay for in-service training’ (87 per cent); and ‘raise the profile and status of workers’ (86 per cent) (Community Services Ministers’ Advisory Council, 2006, p. 69). In addition to concerns about pay and conditions, a long-expressed concern for mainstream services trying to retain non-Indigenous staff is that, once staff leave the workforce to begin families or undertake further study, they tend to be lost to the industry forever (Belim et al., 2002; Community Services Ministers’ Advisory Council, 2006, p. 5). The consultations highlighted that this is not so much an issue for Indigenous workers who often have family and cultural responsibilities that may take them away from their workplace at times but do not necessarily translate into that person being lost to the industry altogether. Indigenous childcare workers tend to return to the industry once the issues that took them away are resolved. Importantly, those services which allow for and accommodate such changing circumstances have demonstrated their success at keeping their staff.

Third, Indigenous childcare workers have cited the need for culturally appropriate training to take into account the legitimacy of the variations in the ways they engage with the demands of the workplace. The Secretariat of National Aboriginal and Islander Child Care (SNAICC) has advocated the need to develop Indigenous-specific training strategies that address, and are tailored to, the needs of the Indigenous child and family welfare and early learning and care services (2003). One of the difficulties of current mainstream approaches to providing childcare training is that the nationally endorsed training packages are built upon competencies designed for mainstream services which do not account for culturally valued and context relevant competencies for Indigenous children and families (Fasoli et al., 2004, p. 12). This is problematic for some communities on several levels: first, it has the effect of marginalising Indigenous knowledges and practices; second, such marginalisation of Indigenous knowledge and practices results in a disempowering effect upon Indigenous workers and their children, families and communities; and, third, it takes no account of differing learning styles and contexts. As Campbell (2000, p. 10) points out:

Indigenous people often take longer to progress through their education and training for a variety of reasons and this poses problems when funding does not accommodate the need for extended education and training time frames.

There are several examples of culturally relevant training initiatives available throughout the country, but there is a real need for these to be expanded and the strategies used by such initiatives integrated into mainstream training initiatives. Models of best practice are being delivered through the Cape/Gulf Remote Area Aboriginal and Torres Strait Island Child Care Network (RAATSICC), the Batchelor Institute of Indigenous Tertiary Education in the Northern Territory, Yorganop in Western Australia, and some colleges of TAFE. For example, the training initiative delivered by Yorganop has modified the mainstream training resource package to provide flexibility in delivery, assessment and presentation, with the mode of both delivery and assessment determined after consultation with students. Consideration is also given to location and time frames available to each individual learner or group (Department for Community Development, 2004; Department of Family and Community Services, 2005).

In addition to the expansion of these initiatives, there is a need to modify the nationally endorsed training packages themselves, so that they legitimise Indigenous knowledge and practices, value current competencies, and acknowledge differences in learning styles, levels of literacy and contexts. Interlinked with these issues is the need for flexible on-site delivery of training, which was seen as an important way to remove some of the barriers preventing Indigenous students from gaining experience, qualifications and employment.

Finally, and related to the above, is the reality that, without Indigenous staff working in the mainstream childcare service system and a significant effort to improve non-Indigenous understanding of the needs and aspirations of Indigenous families, Indigenous children will continue to be under-represented in formal childcare services. Throughout the consultations, Indigenous people expressed the importance of Indigenous staff caring for Indigenous children and have cited this preference for two important reasons: a lack of cultural sensitivity and understanding from non-Indigenous staff; and, above all else, the need for those working with Indigenous children to be someone they consider trustworthy:

There’s huge trust issues if the mothers aren’t there to see what happens at the centre; they’d feel safer if there was other members of the family there; the baby can’t express what their needs are and this is highly important ... Family members should be present as this creates trust ... It needs to be holistic and have a whole family aspect ... the more the better to have family involved and working there and offer security to the children within the centre so the more the better ... if a family relation is there in particular we would like this, we would like to send our children there with them anyway.
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Australian Indigenous perspectives on quality assurance in children’s services

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

Introduction

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

Historically, responsibility for quality assurance in childcare services in Australia has been divided between the states and territories and the Australian Government. State and territory governments have been responsible for monitoring those components of quality that are generally quantitative and embodied within their respective childcare regulations, while the determining or process components of quality have been the responsibility of the Federal Government. Recently, through both its election commitments and its 2008 Budget statement, the current Australian Government has signalled its intention to develop a new integrated system of national quality standards for childcare and preschool services.

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

Quality assurance: An overview

In Australia, the stimulus to develop a quality assurance system for child care evolved, not from service users, but through a combination of political and professional concerns (Wangman, 1995). Since the late 1960s, when professional bodies such as the Preschool Board became increasingly concerned about the quality of care children were receiving in private long day care centres, the early childhood teaching profession, in particular, has been proactive in debates about the quality of Australian child care. This concern culminated in concerted lobbying in 1969 by the Preschool Board for a national inquiry into long day care. At that time there were 560 long day care services operating across the country; only 40 of which received local government grants, while the rest were privately operated (Brennan, 1994). The Pre-school Board strongly contested the private nature of centre-based care, claiming that child care should come under their jurisdiction and thus be staffed by early childhood teachers. The community childcare sector, on the other hand, resisted this approach and sought to keep child care outside of the professional control of education. Discussions about monitoring the quality of care continued throughout the 1980s and were heavily influenced by the National Academy of Early Childhood Programs in North America which, in 1984, established a voluntary system of accreditation for early childhood programs throughout the United States. In 1986, the Australian Early Childhood Association (AECA)—now Early Childhood Australia—was commissioned by the Commonwealth Minister for Community Services to keep child care quality improvement and accreditation; and an accreditation decision made by a three-person committee of nationally acknowledged early childhood educators (AECA, 1986, p. 119).

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

In 1991, the Australian Government established an interim Accreditation Council to oversee the implementation of a National Child Care Quality Improvement and Accreditation process (Brennan, 1994). Then, in 1993, the Australian Government appointed the first National Child Care Accreditation Council (NCAC). Currently, the NCAC is responsible for the administration of the Child Care Quality Assurance systems for all services receiving Child Care Benefit funding from the Australian Government. There are three separate systems covering family day care (FDCQA), out of school hours care (OSHCQA), and long day care (QIAS). The broad objective of all three systems is to 'ensure that all children in care have stimulating, positive experiences and interactions that nurture all aspects of their development’ (NCAC, 2008, p. 1).
Universal standards for quality assurance

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

Unfortunately, dominant world research findings have largely converged upon a conceptualisation of the child as ‘naturally developing’. Within this paradigm, children’s development is seen as ‘an inevitable and invariant process driven by a biologically rooted structure which the child inherits’ (Archard, 1993, p. 35). In other words, children’s development is seen as naturally occurring in an orderly, linear process throughout which the child progresses from a state of incompetency towards one of competency (that is, adulthood). The central positioning of Indigenous children on the other hand, as active members of the community who are entitled to make decisions on their own behalf and who are listened to and respected, contrasts starkly with this view. The dominant world view, however, has become increasingly contentious as anthropological and sociological understandings of children and childhood have emerged (James & James, 2004). For example, Grieshaber (2000) has noted that the current Australian QIAS is based on the philosophy of developmentally appropriate practice. She argues that this is a philosophy which endorses the values of the dominant culture (white, middle-class values) as normative, positive and universal, and that research has been used within this paradigm to perpetuate the belief that dominant cultural practices are preferable to those practised by minority groups. She also criticises the current QIAS for its focus upon outcomes, efficiency and effectiveness; and claims that such a top-down approach means that technical decision-making around the QIAS 52 principles are privileged over broader moral, ethical and political considerations.

1 Minority and majority are used purposefully in the place of First and Third World, or Developed and Developing, or North and South, to remind the reader that those of us who live in the ‘First World’ are indeed in the demographic minority.

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

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

An inclusive system

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

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

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

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

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

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

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

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

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

**Methodology**

Semi-structured ‘sets’ of questions were used to obtain qualitative data from focus group discussions and individual consultations with relevant childcare and Indigenous networks, service providers, community members and government representatives in order to identify the key issues regarding child care quality assurance for Indigenous families and service providers. A review of national and international literature regarding quality assurance for the childcare industry, with a particular focus on the Indigenous perspective, was also undertaken and provided a context for the evidence.
presented from the focus groups and consultations. The data was analysed using a comparative thematic approach which enabled common themes and issues to be identified.

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

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

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

Findings

Quality means different things to different people

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

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

—Service provider from a remote area

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

—Service provider from a very remote area

Who should define what quality is?

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

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

—Service provider from a metropolitan area

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

—Service provider from a metropolitan area

Commitment to high quality care

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

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

—Service provider from an inner regional area

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

—Service provider from a metropolitan area

Conceptualisations of quality care

A safe place

Participants told us that quality care is a safe place:

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

—Service provider from a very remote area

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

—Service provider from a metropolitan area
A respectful place
Participants valued staff who demonstrated respect for the children and their families:

- Genuine friendliness that the staff have here towards the parents and children.
  —Government representative from a metropolitan area
- Reliable, parents need to feel comfortable, needs to consider the parents’ point of view—home away from home, Indigenous safe, educational.
  —Service provider from a metropolitan area

A child-centred place
Participants told us that children must be given love and respect and be able to be themselves:

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

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

- Poor quality is where there is no access to culture.
  —Service provider from a metropolitan area
- Cultural, programs dealing with culture, our links with our families and the children’s heritage, in addition to meeting the other principles.
  —Service provider from a metropolitan area

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

- Friendly, flag at the front, respectful, caring, nurturing, don’t make people feel unclean, needs to be holistic, focused on the whole family. Provides support with Indigenous workers, but with a mix of Indigenous workers, old aunts. With an Aboriginal component—if a kid in care starts talking about ghosts, we don’t want him referred to a psychiatrist! Storytelling is important.
  —Community member from a metropolitan area

You need a smiling person right out the front. Kids don’t go crying out the door. They make the person feel comfortable, don’t just let the person stand there with their head down, or just pass onto someone else—yes, treat with respect.
  —Community member from a regional area

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

- You can measure quality by the responses from the community and parents and other professionals that you link with; for example preschool, other childcare Commonwealth officers, health services—we all work closely together.
  —Service provider from a metropolitan area
- Happy children at the end of the day, happy parents, satisfied with the service. Running to a national standard. Having a cultural program. Kids wanting to come here and go to school.
  —Service provider from a metropolitan area

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

- The stories—we have not been able to document stories and it is much bigger than we have time for today. We have to talk to the children who came through; if it [the service] wasn’t there, what difference might that have made?
  —Service provider from a metropolitan area

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

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

Implicit notions of quality

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

The standard of staff training that occurs in the service.

—Community member from a metropolitan area

Very loving, caring, good people looking after children.

—Community member from an inner regional area

Experience of those who had taken part in the QIAS

A positive experience

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

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

—Service provider from a metropolitan area

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

—Service provider from a metropolitan area

Stressful – need for Indigenous validators

Others, although proud to have achieved accredited status, found the experience quite stressful. They found it particularly stressful when they had a non-Indigenous validator:

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

—Service provider from a very remote area

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

—Service provider from a metropolitan area

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

—Service provider from a very remote area

Need for support

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

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

—Service provider from an outer regional area

A quality assurance system for Indigenous services

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

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

—Service provider from a metropolitan area

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

—Service provider from a very remote area
Concern about the bureaucracy

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

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

—Service provider from an outer regional area

Level of paperwork is going to make Indigenous parents run a mile. An Indigenous model would take this into account. Visual reports are more appropriate and one-on-one interviews. But this does increase the workload for the coordinator.

—Service provider from a metropolitan area

Need for participatory processes

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

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

—Service provider from a metropolitan area

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

—Service provider from a metropolitan area

The multifunctional or ‘joined-up’ nature of Indigenous services

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

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

—Service provider from a metropolitan area

Discussion

There seems to be general agreement, both in the literature and from the consultations, that some type of quality assurance process may have utility for Indigenous services. The larger question is about what that system might look like. Given the nature of Indigenous childcare services, what kind of system would best support quality practice? Clearly there are some serious incongruities between the mainstream QIAS and Indigenous needs and aspirations.

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

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

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

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

The consultations raised other concerns, however, that reflect understandings about the difficulties of implementing quality assurance systems in public services. In particular, there are concerns about the level of bureaucracy that tends to characterise quality assurance systems. In communities where literacy and resources are poor, a paper-based system will make no sense. Thus, the loud and clear message that members of the community need to be actively involved in the process; a process that, as Priest (2005) points out, should not be time-limited:  

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

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

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Readiness for school: 
A relational construct

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THE NOTION OF READINESS and what it means to be ready for school dominates much of the popular discussion, as well as the research base, about transition to school. Readiness means different things for different people, yet almost always there is a perception that readiness for school involves some assessment of the characteristics of individual children against some set of standard expectations or desirable attributes. The article explores three aspects of readiness: notions of children’s readiness; schools’ readiness for children; and family and community supports that underpin readiness. Recognition of the importance of each of these aspects supports the conclusion that a focus only on the characteristics of individual children provides, at best, a narrow and limited conceptualisation of readiness and one that can act against children’s best interests.

Introduction

Readiness for school is a contested and controversial term. Yet it is also a term invoked regularly in discussions on the transition to school. Parents and educators anguish over whether or not a child is ready for school as they try to make decisions they believe will best support children as they move into formal schooling. Even when those involved recognise that an individual child’s readiness is but one element of a successful start to school, the focus on children’s characteristics remains.

Readiness means different things to different people (Meisels, 1999). Sometimes, readiness is described in terms of age or stage of development. At other times checklists of readiness skills and knowledge are used to identify what children should be able to do or know before they start school (Dockett & Perry, 2006). Still other definitions of readiness emphasise social and emotional aspects (Peth-Pierce, 2001). The common factor underpinning these approaches is the focus on the individual child and whether or not the child has reached a particular point that constitutes readiness.

While it is particularly important to consider children as individuals as they start school, it is also important to acknowledge that children do not exist in isolation—they are members of families, communities, cultural and friendship groups, and so on. Neither are schools culturally neutral spaces—schools and those within them have a range of expectations that impact on how readiness is defined and enacted (Graue, 2006). Definitions of readiness will be influenced by family, community and school expectations, as well as by children’s attributes. Relationships involving children, families, schools and communities will also have an impact on perceptions and expectations of readiness (Dockett & Perry, 2007).

The US National Education Goals Panel (1997) identified three components of school readiness:

1. Children’s readiness for school (enabling them to participate in classroom and learning experiences).
2. Schools’ readiness for children (schools responding to the children enrolled).
3. Family and community supports and services that contribute to children’s readiness (promoting family and community environments that support learning).

These elements indicate that children’s characteristics are one, but not the only, factor to be considered in discussions of readiness.
Children’s readiness for school

Five dimensions of children’s readiness for school have been identified (Kagan, Moore & Bredekamp, 1995):

- Physical wellbeing and motor development (including health status, growth, physical abilities).
- Social and emotional development (children’s ability to interact with others, their perceptions of themselves, and ability to understand and respond to the feelings of others).
- Approaches to learning (including children’s dispositions towards learning).
- Language development (including the ability to communicate effectively with others and emergent literacy).
- Cognition and general knowledge (including knowledge of specific cultural and social practices).

Several researchers have described these dimensions in detail (Emig, Moore & Scarupa, 2001; Halle, Zaff, Calkins & Margie, 2000), noting the importance of considering all areas of development, not just cognitive and language skills or curriculum areas such as literacy and numeracy, in determining children’s readiness for school.

North American surveys of kindergarten teachers have indicated that many children are deemed to not have the necessary prerequisite skills to succeed in school (Rimm-Kaufman, Pianta & Cox, 2000). One consequence has been to focus on remediating these deficiencies to ensure that children do develop the skills and knowledge regarded as necessary (Niemeyer & Scott-Little, 2001). For example, several states have developed readiness assessments (Saluja, Scott-Little & Clifford, 2000), and children deemed ‘not ready’ often wait another year before starting school (Maxwell & Clifford, 2004).

Readiness assessments focus on the skills of individual children (Niemeyer & Scott-Little, 2001). There are many different assessments, including the Gesell School Readiness Test (Haines, Ames & Gillespie, 1980) and the Brigance Inventory of Early Development (Brigance, 1982). Readiness assessments are also incorporated in statements of standards, such as those developed by the Florida Department of Education (2008), which address the following areas:

- Physical health—physical health, knowledge of wellness.
- Approaches to learning—eagerness and curiosity, persistence, creativity and inventiveness, planning and reflection.
- Social and emotional development—self-concept, self-control, relationships with adults, relationships with peers, social problem-solving.
- Language and communication—listening, speaking, vocabulary, sentence and structure, conversation.
- Emergent literacy—emergent reading, emergent writing.
- Cognitive development and general knowledge—mathematical thinking, scientific thinking, social studies, the arts.
- Motor development—gross motor development, fine motor development.

In many Australian schools, general checklists developed by teachers, regions or school systems are used to gauge children’s skills and understandings of areas deemed to be important in making a successful start to school.

Critics of these assessments highlight the problems of measuring skills in isolation, as well as the often inappropriate use of both the tests and the results (Snow, 2006). The predictive power of readiness assessment has also been challenged, with La Paro and Pianta (2000) reporting that such assessments predict, on average, 25 per cent of variance in early school academic/cognitive performance, and less than 10 per cent of the variance in social/behavioural measures in kindergarten, first grade or second grade. Dockett and Perry (2007, p. 32) state:

Readiness assessments provide limited information about academic and social success in the first three years of school. Other factors—including what happens at school—account for the majority of variance after two to three years at school.

There is much variation among children starting school. Some of this can be attributed to age. However, much of this difference can also be attributed to children’s experiences (Bowman, Donovan & Burns, 2001). In many situations, there is a tendency to equate age and maturity so that older children are described as being more mature. Children who are more mature are those most often regarded as ready for school (Dockett & Perry, 2007). There is clear evidence that children who are older when they start school generally know more than their younger peers (Denton & West, 2002). However, this is also evidence indicating that, in terms of predicting school success, what happens at school is even more important than the age at which children start school (Meisels, 1999).

Depending on the state Australian families live in, and the school system children will attend, some families will have a choice about when a child will start school. For example, a child living in NSW, born in July and planning to attend a public school, could start school in the year they turn five (and so start school at age four years and six months) or they could start school at the...
beginning of the year they turn six (starting school at age five years and six months). This is possible because the cut-off date for age is the end of July in the year the child turns five, and there is only one intake of new students into schools each year. Some families with this choice will have their child start school as soon as they are eligible; other families will keep a child out of school for the extra year. There are many reasons behind such choices. One reason reported, particularly in the North American literature, draws on the belief that children who start school older, rather than younger, have both a social and educational advantage when they do start. This process of delaying entry has been dubbed ‘redshirting’ (Graue & DiPerna, 2000). Redshirting is more common for boys than girls, and among higher-income families (Datar, 2006; Graue & DiPerna, 2000). Anecdotal reports of delayed entry to school in Australia suggest a similar situation.

The age at which children can or should start school remains contentious. Graue (1999, pp. 110–111) reminds us that there will never be one best age for all children in all contexts: ‘… there is not a magic date by which all children will be ensured success’. There is mixed evidence on the value of children starting school older, rather than younger, with some reports of younger children making rapid progress in the first year of school (Stipek & Byler, 2001) and other reports of younger children starting school at a disadvantage (McClelland, Morrison & Holmes, 2000). It may well be that these contrasting results indicate that age alone is not an ideal predictor of school success. Other factors, such as family, school and community contexts, as well as the experiences children have at school, interact with factors such as age. It is also important to note that success at school is often equated with academic success—yet social success can be equally important (Thompson, 2002).

Children’s feelings about school and their abilities to interact positively with others at school form the basis of their social and emotional readiness. Other important factors include children’s ability to regulate their own behaviour and to recognise and respond appropriately to the feelings and perspectives of others (Ladd, Herald & Kochel, 2006; Thompson, 2002). There are several advantages to considering children’s social and emotional readiness for school—including the recognition that social and academic success are often linked (Klein, 2002) and that relationships and interactions occur within contexts—suggesting that readiness is, at least partially, about children’s interactions with people in a specific context. Relationships assume particular importance as children start school. These include children’s relationships with peers and teachers as well as relationships between families and school.

Assessing the readiness of individual children at the point of school entry remains a common experience for many families and educators across Australia. Children, too, tend to emphasise the things they need to know or be able to do in order to start school (Dockett & Perry, 2007). It certainly is possible to identify a set of skills and knowledge regarded as providing the basis for an effective start to school. It is also possible to assess children against these specific skills and knowledge. However, a reliance only on this approach fails to recognise the importance of interactions and contextual factors, the notion that readiness means different things in different contexts, and the research evidence that such assessments provide limited predictive information about children’s future school success. In an effort to address these limitations, Stipek (2002) has called for a ‘greater focus on making schools ready for children by tailoring teaching and learning opportunities to children’s diverse skills, rather than concentrating on making children “ready” for schools’ (p. 8).

Schools’ readiness for children

The second component of the US National Education Goals Panel’s (1997) definition of readiness emphasised the importance of ready schools—schools responsive to their student population. These characteristics of ready schools have been outlined by Ackerman and Barnett (2005):

1. Ready schools provide necessary supports for children. These could include transition programs, high expectations for all children, as well as staff committed to developing programs appropriate for all children.

2. Ready schools have teaching and learning programs that support the professional development of teachers, recognise the importance of adjusting teaching styles to respond to children, and facilitate parent involvement.

3. Ready schools are adaptable. Ready schools have strong leadership that facilitates adaptation to meet the needs and strengths of their students and access appropriate resources. Collaborative relationships between school and family, school and community are promoted.

Assessing the readiness of schools for children can take many forms. For example, it could include reviews of class sizes, the number of first-year-of-school teachers with early childhood training, implementation of a developmentally appropriate curriculum, and professional development opportunities for teachers (Duran & Wilson, 2004). In other contexts, effective transition-to-school programs or high levels of community engagement will be factors that contribute to schools’ readiness for children (Gonzalez, 2002).
One approach to ensuring that schools are ready for children has been to promote continuity between prior-to-school settings and schools. This does not mean that prior-to-school settings should embrace the same curriculum, or curriculum expectations. It does suggest that closer connections between settings can be promoted. Many prior-to-school settings and schools already collaborate in ways that support such continuity, often through the development and implementation of transition to school programs (Perry, Dockett & Howard, 2002). Effective transition to school programs demonstrate a commitment to engaging with children and families across the transition period. Other strategies for promoting continuity across prior-to-school and school contexts could include providing time and opportunities for staff in different settings to build understandings of their approaches and expectations, developing complementary curriculum and approaches to learning and teaching, and sharing resources.

The influence of schools on children’s perceived readiness cannot be overlooked. What happens at school is critical in determining how children and their families respond to and engage with school, both at the time of starting school and in terms of later school success (Meisels, 1999). Schools that provide supports for children—in the form of transition programs, learning programs directly relevant for children, and programs promoting continuity of educational context and commitment—are likely to be schools that are ‘ready’ for all, rather than some, children.

Promoting a positive transition from home to school requires mutual understanding and respect: both school and home need to understand what occurs in each context and to respect that. To achieve this aim, some major shifts in thinking from teachers and parents are needed. While the need for parents to respect school is often emphasised in educational literature, Doucet and Tudge (2007, p. 315) note that the same respect is required from teachers for parents:

> A clear gap in communication often emerges; in the same way that teachers tend to treat children in a top–down fashion, trying to scaffold children to fit into the school rather than trying to learn from them and encouraging a mutual adaptation … they tend to treat parents as novices to the educational ‘game’. In this top–down model, teachers take on the role of experts who own the knowledge about schooling.

Mutual respect can be seen in the relationships and interactions between school staff and families. Schools that engage with families in multiple ways—reaching out to communities rather than expecting families to adopt specific school agendas—promote greater understanding and respect. For example, where schools make efforts to engage with families in their first languages or in venues that are comfortable for them, the view that families have much to contribute to their children’s education is promoted in a context that also promotes respect for the school staff.

Ready schools employ ready teachers. Such teachers regularly access professional development that encourages them to develop flexible approaches to teaching and learning that engage their students, develop their own capacities as well as those of their students, maintain high expectations for all students, and build the collaborative relationships that underpin efforts to promote success for all students. Positive, respectful relationships, combined with strong leadership, are at the core of ready schools. These elements are similar to those described by Fullan (2007) as critical in promoting educational reform and by Newmann (1996) as underpinning the effective schools movement.

**Family and community supports**

In any definition of readiness for school, individual children and the schools they attend are important. Also important is the broader context in which children, families and schools exist. Piotrkowski, Botsko and Matthews (2000) offer a definition of readiness that includes ‘social, political, organisational, educational, and personal resources that support children’s success at school entry’ (p. 554). These supports reflect the third area identified by the National Education Goals Panel (1997).

The supports available within communities contribute to perceptions of readiness. The National Education Goals Panel (1997) identified three elements of family and community support:

- Access to high-quality and developmentally appropriate preschool programs that help prepare children for school.
- Recognition of the importance of parents as teachers and access to support for parents to fulfil this role.
- Provision of adequate nutrition, physical activity, and access to health care.

Various states and counties in the US have interpreted these elements in different ways and developed their own dimensions of family and community support, relevant to their own context. For example, the state of Wisconsin (Wisconsin Council on Children and Families, 2003) has indicated that some of the major family and community supports needed to promote children’s readiness for school are:

- children receive the health care and nutrition services they need for healthy development (including prenatal, maternal health care).
- families have access to resources needed to support
their children's growth and development (including adequate income, housing, employment, education and family support).

- all children have access to quality early care and education programs. Children at developmental and/or social risk receive early intervention services.
- children grow up in safe and stable environments.

The attention to family and community supports recognises that readiness is something that develops gradually over time and as children and families engage in a range of experiences (Snow, 2006). High-quality prior-to-school programs that are accessible—culturally, geographically and financially—have demonstrated positive outcomes for children's social and academic competence and are linked with a positive start to school (National Institute of Child Health and Human Development Early Childcare Research Network, 2002; Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004).

What happens in families has also been linked to children's readiness for school. Pertinent family characteristics include caregiving practices, parental education and attitudes and socioeconomic status (Burchinal, Peisner-Feinberg, Pianta & Howes, 2002). Families provide a range of supports for children that can be particularly important in facilitating a positive start to school. These include providing a nurturing environment; promoting children's learning through interactions with valued people and resources; acting as mediators to help children negotiate outside the family; and acting as advocates for children in seeking out positive environments and resources, and intervening for children as appropriate (Pianta, 2004, pp. 15–16). Each of these supports helps children interact appropriately in different contexts—such as home and school. However, families do not exist in isolation, and the community supports that exist and are accessible for families can determine the extent to which families can fulfil these roles.

Different communities have different expectations of children, and this can extend to different perceptions of what is required or important as children start school. For example, in some rural communities where going to school involves a lot of travel, expectations about how children will manage that travel influence perceptions of children's readiness for school. In other communities, where academic success is emphasised, children's academic preparedness for school will be at the forefront of discussions of readiness.

Communities have an important role to play in defining and shaping perceptions of readiness. Communities provide infrastructure and social links that together make up social capital (Putnam, 2004). Communities with high levels of social capital provide a range of benefits for children through the relationships that exist and the availability of resources. Physical resources—such as schools, child care and health services—are important. So, too, are rich relationships that buffer and support families.

When schools and early childhood services engage with and in communities with a focus on promoting a positive start to school, they can enhance the available social capital within a community. This occurs through the building of stronger relationships and connections—for example, between preschools and schools, between families and schools. Engaging with communities can also enhance the provision of resources—for example by pooling resources or by combining to lobby for the greater provision of resources.

One significant approach to considering issues of readiness has focused on developing a community measure of readiness, rather than a measure of individual children's readiness for school. The EDI (Early Development Instrument) (Janus, 2003) is compiled from teacher responses to an extensive questionnaire about children at their school. While data are collected about individual children, these data are reported at the community level, enabling communities to identify what works well in that community, as well as ways to improve the supports provided for children and families. An Australian adaptation of the model—the Australian Early Development Index (AEDI)—has been developed (Sayer, Coutts, Goldfeld, Oberklaid, Brinkman & Silburn, 2007). Results report percentages of children in each community described as developmentally vulnerable, as well as those described as doing well across several developmental domains. Community measures, such as the EDI and the AEDI, allow communities to monitor what happens for their children and families, and to plan to change local resources, provision or supports to improve children's life chances.

**Changing views of readiness**

There are many ways of defining and conceptualising children's readiness for school. These, in turn, influence the ways readiness is enacted. For example, maturational perspectives reflect on the 'gift of time' to promote readiness (Graue, 2006), and environmental perspectives draw on behaviourist theories to identify demonstrable skills and abilities that can be assessed in order to determine children's readiness for school (Meisels, 1999). The approach underpinning this paper is classified as interactionist. It incorporates elements of maturational and environmentalist theory, as well as recognition of the importance of social and cultural contexts that derives from social constructivist theory. Building on this, an interactionist definition construes readiness as a relative term, focusing on the interaction between characteristics of the individual child and the child's environment. This perspective argues that 'readiness is something to be demonstrated by children in situ, over time' (Meisels, 1999, p. 58).
Bronfenbrenner’s (1993) ecological theory recognises the importance of both the individual and the context, and the interactions between these. It is through regular interactions with people, objects and symbols within the environment that individuals learn what is expected, what is considered appropriate, and how they should interact with others. Characteristics of individuals will also influence these interactions. So it is with the transition to school: as children interact with other people in the context of school, they develop an understanding of what is expected of them at school, what activities are considered appropriate within school, and how they are expected to interact with others. Successful interactions, including a successful start to school, will depend not only on the characteristics of individual children, but also on the nature of the school environment and the community context in which the school, children and families are located. This perspective argues that understanding children’s readiness for school must go beyond assessing children’s skills and abilities and judging how well children will fit within the existing structure of school. Rather, readiness for school is conceptualised as a complex set of interactions between individuals and their families, schools and communities.

**Conclusion**

As communities reiterate the importance of education, as families seek to support their children’s success in education, and as educators face increasing calls for accountability, there is renewed attention paid to notions of children’s readiness for school. Throughout this paper we have argued that any discussion of school readiness should consist of much more than measures of individual children’s skills and knowledge. School’s readiness for children, and the available family and community supports, play an important role in developing children’s competencies and creating environments where all children are supported.

We argue that readiness is a relational concept. When we talk of readiness, we must talk of readiness for something. In any discussion of readiness, the school itself must be considered—a child may be ‘ready’ for one school but ‘not ready’ for another. When we consider readiness for school, we must move beyond the view that readiness is something that exists within individual children, in measurable quantities, able to be ‘topped up’, or left to ‘mature’ when specific levels are not met. We must consider the role of families, schools and communities. Children do not live in isolation—they are members of many different groups and interact in many different contexts. Experiences and interactions within these contexts, including those occurring within and between families, prior-to-school settings and schools, contribute to perceptions and expectations of readiness. Many people and groups contribute to children’s readiness—the children themselves, families, schools and other educational contexts and communities in general. Readiness develops over time and through cumulative experiences and interactions, mediated by relationships.

Redefining readiness as a characteristic of child, school, family and community supports and interactions also redefines the expectations of all involved. Such a definition rejects notions of individual children being labelled ready or not, in favour of a much more collaborative approach that identifies school, child, family and community strengths and seeks to build on these, while also identifying areas where change and greater access to resources and support is needed.

**References**


A pathway to enhancing professionalism: Building a bridge between TAFE and university early childhood qualifications

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IT HAS BEEN ARGUED that a key strategy to improve developmental and educational outcomes for young children is to increase the number of childcare staff with early childhood university degrees (Saracho & Spodek, 2007). In order to upgrade the qualifications of staff, a number of Australian universities provide pathways that enable graduates of early childhood diploma programs to complete a degree.

Several impediments, including institutional structures and individual contextual and personal factors, may affect these pathways. Although a range of organisations offer diploma programs, TAFE (Tertiary and Further Education) is a major provider. The aim of the present study was to investigate student transition between early childhood programs in TAFE and university. The research drew on several data sources, including a survey of the perceptions of students at various points of undertaking the transition. The current credit arrangement for TAFE Diploma graduates was found to be satisfactory; however, gaps were identified between the TAFE and university teaching and learning arrangements with regard to curriculum structures, teaching styles and assessment. Graduates of both programs considered that the completion of both awards would have a positive effect on their careers.

Introduction

IF DEVELOPMENT AND EDUCATIONAL outcomes for early childhood–aged children in non-parental settings are to be optimised, it is essential to have well-qualified staff who are able to critically reflect on and inquire into their practice, constantly working towards quality improvement (McCain, Mustard & Shankar, 2007; OECD, 2001, 2006). Such staff could be expected to be professional in all elements of their role. Yet in Australia almost half of all childcare staff who work with children aged under five years are unqualified (OECD, 2006; Watson, 2006). In many states, qualified staff mostly hold two-year diplomas, while a few have early childhood or other degrees. In a country where it is not possible to begin work as a registered teacher without a four-year-degree level qualification, it is unsatisfactory that the youngest and most vulnerable children are being cared for by such a large number of low- and unqualified staff. It is increasingly being recognised that very young children need the care of qualified staff. As the OECD (2006) Starting Strong II report states in respect to Australia, ‘The National Agenda highlights the need for development of a skilled and knowledgeable workforce as a key consideration for ensuring an effective and sustainable early childhood system’ (p. 273). The development of such a workforce could be addressed in a number of ways. One critical way is to improve the level of staff qualifications.

Watson (2006) has argued that the paucity of smooth pathways is a major barrier to childcare staff gaining qualifications. There is, however, impetus in the early childhood education and care sector to map and improve pathways (Watson, 2006). Helpful to this process is a national policy agenda that acknowledges early childhood education and care as an important education sector with specific characteristics (Elliot, 1997). One established, but sometimes problematic, pathway is that between the specific early childhood qualifications offered by Vocational Education and Training (VET) and Higher Education Institutions (HEI), that is, universities. Impediments exist in two areas: first in existing institutional structures, and second in
contextual and individual factors found in the cohort of students most likely to access the pathway.

Institutions that provide early childhood awards are very different pedagogically (Fuller & Chalmers, 1999). For example, VET programs normally use competency-based teaching methods which require ‘the application of ideas to observable performance on pre-specified tasks’ (Fuller & Chalmers, 1999, p. 130). In contrast, the conceptual approaches of universities use graded assessment, requiring an intellectual understanding of the discipline (Fuller & Chalmers, 1999), as well as implications for practice.

Any research concerning VET to HEI pathways needs to investigate the institutional structures, as well as student factors, if a credible understanding is to be found of the student experience at various points in the transition between the two institutions. Students involved in making this transition are well-placed to report on these factors. First, however, training and education issues within the field relevant to the capacity of long day childcare staff to provide higher quality of care to children under five, require examination.

There are indicators that current basic levels of care as provided by the Quality Improvement and Assurance System (National Childcare Accreditation Council, 2006) are insufficient for the achievement of optimal development in children (OECD, 2006). Cahir (2006) and Fenech, Sumison and Goodfellow (2004) argue that achievement of higher levels of quality will require a more widespread and systematic employment of professional approaches to long day care. The distinction between a task performed at a basic skill level and the same task performed at a professional level is central to the offering of quality care. Critical reflection on practice and enquiry go hand-in-hand, and these are qualities more often found in a HEI teaching approach.

In South Australia, the desirability of a pathway between TAFE and university early childhood programs has been recognised since the early 1980s with the setting up of an exclusive and longstanding credit arrangement between the two institutions. This exclusive agreement does not extend to graduates of non-TAFE colleges. It allows one year of credit for a mixture of first and second year courses and is consistent with the Australian Qualification Framework Agreement (Keating, 2006). Students who graduate with the TAFE Diploma often begin with low school exit scores and gain confidence in an environment where staff–student and peer relationships support learning. While some students deliberately embark upon the TAFE Diploma credit pathway to university, others begin to realise while studying at TAFE that they have the capacity and motivation to complete a university level qualification. Broughton (2005) and Abbott-Chapman (2006) argued that this is a viable pathway to university for those with low socio-economic status, or educational disadvantage. With pay, status, conditions and career opportunities often perceived as unappealing in child care it is not surprising that a percentage of TAFE Diploma graduates look for opportunities to extend their career paths and income with a university qualification (National Centre for Vocational Education Research, 2000).

One area of pressure for students making the TAFE–university transition is the difficulty of studying under a university model, a challenge also found internationally (Dukakis, Bellm, Seer & Lee, 2007). Another area of pressure concerns the amount of credit allowed for prior study. Some TAFE entry students express concern that their two-year TAFE award is given only one year of credit against the university program. Pressure also comes from students who live in regional or remote locations and study the program externally. The intent of this external offering is to provide access and equity to recognised disadvantaged groups (UniSA mission statement on equitable access, 2008); however, it should be acknowledged that the equity aspect of this mission is not as easily achieved as access (Whittington, Glover & Stephenson, 2006).

Distance students use print materials posted to their home, usually accompanied by some online provision. Library materials and other university resources are provided by post or via the web. Although providing flexibility, external study adds another layer of difficulty to what is already a challenging transition for this cohort (Whittington et al., 2006). External study is acknowledged as a risk factor to program completion (Dickson, Fleet & Watt, 2000).

A recent initiative to improve the TAFE-SA–HEI pathway

Recently, the University of South Australia offered competitive grants to staff of programs with existing and significant TAFE credit arrangements. This initiative was designed to broaden the university’s student feeder pool and build improved pathways for TAFE-SA students. The goal was to provide an opportunity to investigate and improve current arrangements between the two institutions. For a number of years, the early childhood program team had been concerned about this cohort’s transition into university pedagogy. The area of greatest focus was students’ capacity to meet academic requirements in the area of writing university assessments, a difficulty also experienced by comparable students at other universities (Abbott-Chapman, 2006). This initiative provided an excellent opportunity to systematically examine the credit arrangement that had existed for the previous two decades. Researchers wanted to better understand the difficulties transitioning students encountered, so the program team could tailor the program to scaffold this cohort into the program.
Consistent with the post-school education and training structures found in the UK and North America, the initiative recognised that, rather than being end points (Dukakis et al., 2007; Keating, 2006), together VET/TAFE and university programs perform complementary functions in producing professionals. In respect of the early childhood field, TAFE provides a relatively fast and supported route to qualified status in childcare services, while the university program offers a degree and the opportunity to extend work opportunities into school and kindergarten/preschool settings with the accompanying increased income and professional status. The initiative from the University of South Australia provided support for the development of an improved approach to the education of early childhood professionals.

One possible benefit of increased cooperation between TAFE and university awards is a reduction in attrition rates for both institutions. The TAFE-SA diploma currently has difficulty filling its quota and student attrition is high (Anderson, 2007). This may be because of the low pay, status and conditions offered upon graduation. In addition, students who are ill-suited to early childhood are sometimes advised to take this career direction and then find options better suited to them. Such career advice may also contribute to the high TAFE diploma attrition rate.

Together these arguments indicate that one desirable strategy to professionalise early childhood education and care may be the creation of an authentic and close working partnership between TAFE and university early childhood programs. Such a relationship may help break down the binary model (Dukakis et al., 2007; Keating, 2006), moving towards the closer collaboration and smoother pathways between the institutions as seen in Canada, the UK, New Zealand, the US and some Australian states. While stakeholders may perceive the differences between pedagogies of the two institutions to be an obstacle, it could be argued that, when well-coordinated, the two programs are complementary. Following the sociocultural idea of scaffolding—where high support on a task is provided initially then gradually reduced as the student takes increasing responsibility as s/he gains confidence and skill—a smooth transition between the two institutions seems a desirable and achievable goal.

The Bachelor of Early Childhood Education (MBCE) team applied successfully for funding, and with TAFE-SA Diploma in Children’s Services staff developed a project to investigate student experience of transition between the two institutions.

**Review of the methods literature**

Relationships between TAFE and university programs in Australia have been studied using a variety of data-gathering approaches, including surveys (Abbott-Chapman, 2006; Fuller & Chalmers, 1999; Lamb, 2001), focus groups (Abbott-Chapman, 2006), telephone interviews (Elliot, 1997; Uren, 2001) and personal interviews (Abbott-Chapman, 2006). Each approach has its own strengths and weaknesses, so a strategic decision was made to offer a range of options to participants in this study. These options are described in following sections. Logistics also had to be considered, as the project team recognised that reaching their target sample numbers would be challenging but necessary for a robust study. With many potential participants located in regional and remote areas in both the TAFE and university systems, the efficacious online data collection method TellUS survey was employed to maximise participant numbers.

The following research questions were posed for investigation.

1. How effective or otherwise are the current credit arrangements?
   a) Should the amount of credit be maintained, reduced or increased?

2. How satisfactory are the current teaching/learning arrangements for students?
   a) What are the differences in curriculum structures, teaching styles, and assessment arrangements for these two programs? (Curriculum structures are concerned with course content, teaching style is the pedagogy employed, and assessment arrangements are the tasks students must successfully complete to pass the course).
   b) How complementary are the programs?

3. Given poor industrial conditions and status in early childhood, and the need for structures to provide opportunities for career progression, what does the current credit arrangement offer?

**Methodology**

The investigation used a cross-sectional design which drew on both survey and recorded discussion data, and the dual structures of two other early childhood programs.

**Participants**

A total of 82 TAFE-SA and university students and graduates participated. This response rate was deemed satisfactory, with the TAFE-SA students comprising 38 per cent (n=31, all female, and n=24 in the 19–35 age group and the remainder either in the 18 or less, or 31 or older age groups). University students (Year 2 to Year 4) comprised 50 per cent of the sample (n=51, 49 females and 2 males [1 missing case], 23 in the 19–25
age group, 6 in the 26–30 age group and 22 older than 31). Together the university students comprised 31 per cent of the total early childhood TAFE entrant population. Twelve per cent (n=10) of the total sample comprised graduates of both programs. This fourth group was the most difficult to access and recruit.

Regarding study mode, eight TAFE-SA students were external, and 23 internal. Of the TAFE entry university students, 25 studied on campus and 24 externally. Four TAFE students and 17 university students were part-time.

Twenty-three TAFE and 24 university students (57 per cent of the total population) said they had deliberately chosen the diploma so they could gain entry to university under credit arrangement, indicating that the diploma was seen as a pathway to university by a majority of participants.

Method

Using a cross-sectional design, the project team investigated student perceptions at four different stages of the transition:

1. Current TAFE Diploma students contemplating entry to the university program, henceforth called ‘TAFE students’.
2. TAFE entry students in their first year of study at university, henceforth called ‘university students’.
3. TAFE entry students in their second or final year of studies, henceforth called ‘university students’.
4. Graduates who had completed both programs and were working in the field, henceforth called ‘graduates’.

Other data-collection sources also included:

- cross-institutional staff discussions, including a curriculum workshop and a moderation meeting to compare content and pedagogy, with a particular focus on assessment
- compilation of an annotated bibliography
- visits by two team members to universities where, in different configurations, best practice TAFE–university early childhood awards were offered.

The project received university ethics committee approval.

Procedure

To recruit the TAFE-SA sample, lecturers explained the aims and objectives of the study to all students, and those considering enrolment in university studies were invited to attend a meeting at a metropolitan TAFE campus. Rural TAFE students were also recruited from regional TAFE campuses. Eligible UniSA MBCE students at first, second or third level of their MBCE study and recent graduates of both programs, identified from university data bases, were sent emails that explained the study and invited them to participate. On-campus students were recruited at lectures.

Participants were given the following options: (i) an individual interview, (ii) focus group participation or (iii) completion of a questionnaire. TAFE-SA students nominated to respond by completing the survey, either manually in a specially arranged lecture room at a central metropolitan TAFE campus, or individually in the case of country TAFE students. Surveys were mailed to relevant lecturers at regional TAFE-SA campuses, distributed personally, and returned by each participant in a reply-paid envelope.

University students and graduates opted for the online TellUS questionnaire. The questionnaire was distributed via email with a covering letter to all eligible students, and graduates identified via university databases, with two follow-up invitations/reminders. Later, to increase the sample size, a meeting for university students was held on campus and hardcopy questionnaires distributed for immediate completion. The questionnaire consisted of both open- and closed-ended questions. The online TellUS version was available to students for six months, November 2005 to April 2006.

Analysis

The survey data was compiled using either TellUS data processing, or manually for hardcopy data. Frequencies and percentages for identified response categories were calculated.

Results and discussion

Data analysis provided for the following information related to the three research questions.

Question 1. Current credit arrangements

Results related to the effectiveness of current credit arrangements revealed two issues. First was the amount of credit and second the specific courses for which credit was granted. The amount of credit currently given was found to be satisfactory, that is 36 points or 25 per cent of the program (one year equivalent) should be maintained. This finding was based on student responses, benchmarking with other university early childhood programs recognised as examples of exemplary practice, and a curriculum workshop which examined content, assessment and teaching practices of both programs (UniSA and TAFE-SA). In addition, a moderation activity examined in detail assignments and assessment practices of both programs.

This result is consistent with current AQF credit agreements for TAFE diploma and four-year degrees (Keating, 2006). All data sources except students still at
TAFE supported maintenance of the status quo. Almost all TAFE students responded that the credit given was unfair ($n=24$ [48%]) of those responding to this question also stated that their transition was not smooth. They experienced a gap between the TAFE and university programs, especially concerning assignments and assessment procedures; however, this decreased the longer they spent in the program. Dissatisfied responses were at 30 per cent ($n=6$) for new entrants, 28 per cent ($n=6$) in their second year, 24 per cent ($n=5$) for final year of university study, and 18 per cent ($n=4$) for graduates from both programs. The gap was not unexpected, as TAFE participants stated that they anticipated differences in teaching and learning between the programs. The following selected comments illustrate this point.

The format for assignments is very different from TAFE to uni: referencing (Oh, how different my year one grades would have been if I knew how to Harvard reference!!!), essay and report format … the assignments are very different.

Consistent with Abbott-Chapman (2006), university TAFE entrants in the later years of their program expressed a gradual reduction in performance anxiety and a growing sense of confidence in their university studies.

Question 2. Student satisfaction

The second research question concerned student satisfaction with current teaching and learning arrangements, focusing on curriculum structures, teaching style, and assessment arrangements.

All TAFE participants answering this question expected that study at university would be different from their TAFE experiences in terms of curriculum structures, teaching style, and assessment. Students were asked to describe their studies in the MBCE. The most frequently used words which could be classed as positive were ‘challenging’, ‘exciting’, ‘interesting’ and ‘knowledge and pedagogy expanding’. Of all the words used, 90 were categorised as positive and 43 as negative. Most frequent negative words were ‘stressful’, ‘frustrating’ and ‘isolated’. Such feelings are often expressed by external students (Whittington, Glover & Stephenson, 2006), and such students represented half the university sample in this study.

Of the 40 responses, 82 per cent of students ($n=33$) indicated strongly that they were satisfied with teaching and learning arrangements at university. Developing professionalism was a key theme in their comments:
I have much knowledge and experience I can apply
to the workforce. I feel confident in my ability to
work with this degree behind me.

Many of the courses in the MBCE have prepared
me to be continuously reflective in my work which is
to the workforce. I feel confident in my ability to
work with this degree behind me.

Many of the courses in the MBCE have prepared
me to be continuously reflective in my work which is

The finding may not be valid for TAFE entry students
who were beginning their studies in the UniSA early
childhood program, as 39 per cent of the sample (n=32)
did not respond to the question.

a) Curriculum structures

University students’ most frequent responses regarding
their experience of the university curriculum were ‘rich
and cohesive in content’, ‘well designed’ and ‘developed
competence’. These findings were consistent for all
university students across different academic levels.
The TAFE-SA cohort indicated that they expected
differences in curriculum, in assignment requirements
and standards. Key program contrasts included the
university requirement to study more independently,
and to develop knowledge of older children. The words
‘more in-depth’ were widely expressed by university
students in relation to university study compared with
that at TAFE-SA.

As one wrote:

Study is more in-depth at university. For example,
when I studied at TAFE we breezed over child
development and various theorists, whereas at uni
it goes beyond knowledge of a theorist and their
theories, it is about why, how, where.

b) Teaching style

Differences in teaching style were found between the
two institutions. The small and stable group characteristic
of the TAFE-SA program resulted in a high level of student
satisfaction, probably because of the strong staff and
peer support it allowed. Words such as ‘happy/enjoy’
and ‘fun/interesting’ were frequently chosen by TAFE
students to describe their current studies.

These two categories of positive ‘feeling’ words,
however, were not commonly found in university
students’ responses, and they employed a greater
number of negative feeling words than did the TAFE-
SA cohort. University students stated that the major
differences in university teaching styles were ‘the lack of
personal relationship with lecturers’, ‘more formal class
structure’, ‘bigger class sizes’ and ‘higher academic
expectations’. These findings were consistent for all
university students irrespective of level. For example,
students wrote comments such as:

Not as much one-on-one contact. Relationships with
[university] lecturers are not formed as quickly or
easily … I feel I do not know the lecturers at UniSA.

Nevertheless, participants from both programs still
identified lecturers as one of several valuable sources
of support for their studies, with peers/friends (chosen
most frequently by recent entrants) and the university
library (chosen most frequently by university students
later in their program). This pattern of support choice
may be related to their changing emotional, social
and academic needs as they progressed through their
program.

c) Assessment arrangements

Students who had experience of both programs
perceived there to be a strong difference in the
assessment style and grading between TAFE-SA and
UniSA programs. Those with only TAFE experience
knew there would be higher academic requirements
at university but lacked detailed knowledge of the
differences. The competency-based, non-graded
approach of TAFE-SA contrasted with the scholarly essay
demanded at university. Upon entry to the university
program, many students said they felt at a loss regarding
essay writing. This contrast was also evident when the
research team discussed assessment in the curriculum
workshop and moderation activity. To illustrate this point,
an excerpt from a student response follows.

Uni has lots of assignments and they are very
academic focused and theory focused whereas
TAFE has lots of hands-on assignments. At uni you
have to write about 2500 words and have the correct
referencing. Practical assignments are better.

Students identified changes which would result in a
smoother pathway between the two institutions, most
focusing on changing some assessment practices at
TAFE. They suggested that students should be asked to
include citations and properly-presented reference lists
in their assignments, to gather content from a range of
sources rather than information simply being given to
them, to write some essay-style assignments and have
some of their work graded. Students suggested:

Make less assignments, grade them like university
style and encourage TAFE students to reference
both direct quotes and paraphrasing.

TAFE needs to empower students with the skills
to find their own information from journals, online
etc. rather than ‘spoon-feeding’ and giving it all to
students.

In summary, while students expressed moderate
satisfaction with current TAFE and university teaching
and learning arrangements, they identified the gaps
between the two programs, and the difficulties they
experienced in bridging them. Students appreciated the
greater depth of curriculum at university, but indicated
that support to cope with the high level of independent
study would be useful. Likewise, the more distant and
less supportive university teaching style also required

A u s t r a l a s i a n  J o u r n a l  o f  E a r l y  C h i l d h o o d
greater degrees of personal agency, although students did say that they found most university lecturers helpful when they requested assistance. Assessment was perhaps the site of greatest contrast between the two programs, with university essays considerably more complex and challenging than assessments students had previously encountered. Once they had learned the necessary skills, students said they felt proud of themselves. Reaching that goal, however, was a very stressful, anxious process that could be better supported by both TAFE and university programs. As already offered by some universities, a detailed induction program into assignment preparation would be invaluable to this cohort.

In more general terms, consistent with the findings of Dukakis et al. (2007) for early childhood students in California, data analysis indicated a need to provide TAFE-SA entrants with targeted information, face-to-face and web-based advice and counselling, and skill-based support when they begin university studies.

**Question 3. Career progression**

The third and final research question concerned career progression. It is important to note that the TAFE-SA participants in this study were those who had an intention to further their studies at university. The comments in this section of the results and discussion are thus not applicable to the wider TAFE-SA diploma community.

The investigation identified a relationship between participants’ academic choices and their career progression views. All students considered that the academic choice to undertake a degree would have a positive impact on their career paths. Graduates of both programs said that their qualifications had strengthened their knowledge base and employability. Consistent with national data (National Centre for Vocational Education Research, 2000), most TAFE students thought that diploma study had helped them to acquire basic practical experiences and knowledge of early childhood, and to identify their career interests in the early childhood field, thus providing a kind of stepping stone to a professional career.

Similarly, university students considered that TAFE had provided a pathway to university. All of the participants (n=44) who answered this question expressed the views that a degree in early childhood education would widen their career opportunities.

Participants stated that this deliberate academic choice could help them to achieve their career goals. The most frequent career goal expressed by both TAFE-SA (n=31 [62%]) and UniSA (n=49 [83%]) participants was to be a teacher in a junior primary, kindergarten or preschool setting. This finding was consistent amongst all TAFESA participants across regions (Adelaide city and country), and UniSA participants across different academic levels and regions.

The career choice of both TAFE-SA and UniSA students may be explained by the common community perception of the increased professional status associated with holding a degree and the higher income of a four-year-trained early childhood teacher. Support for these two possible explanations was found in the responses of all participants.

The data shows that 79 per cent of TAFE students (n=23) and 47 per cent of university students (n=24) deliberately chose TAFE-SA Diploma of Children's Services as a pathway to gain university entrance. All participants were aware that the pathway involved in total another year of study, two years of TAFE followed by three years of university, in contrast to the usual four-year degree. The data also indicates that 62 per cent of TAFE-SA participants (n=18) thought that the completion only of the Diploma of Children's Services would not give them the career opportunity they were ultimately looking for. With salary levels ranging from $14.15 (beginning unqualified) to $20.44 (top-rate qualified) an hour, there is little recognition or value placed on this work—vital as it is. Many participants stated that university study would give them the opportunity to move out of child care and into kindergarten/preschool and junior primary teaching. Although some university staff in education faculties may see this diploma-to-university credit pathway as a ‘back door’ entry into teaching, it makes sense and is justifiable for capable diploma graduates to enter early childhood programs with a birth-to-eight years scope. It would not be so, however, for other teacher education programs because there is no comparable overlap between the ages of children at which they are focused. Such credit arrangements are also found in other fields such as nursing, social work, and engineering, so long as the programs are robust, and contain no threats to the status of early childhood graduates. The main problem of the pathway is that it reduces the overall numbers of qualified staff entering the long day childcare field. However, these numbers are usually depleted well before students complete their diploma, a result of poor industrial conditions rather than the university pathway. One positive effect of the TAFE–university pathway is that graduates of both programs have the experience of themselves. Reaching that goal, however, was a very stressful, anxious process that could be better supported by both TAFE and university programs. As already offered by some universities, a detailed induction program into assignment preparation would be invaluable to this cohort.

**Future research possibilities**

In the present study the following limitations were noted. Students did not respond to all questions and so for some questions, as noted in the results section, missing data was an issue. In the analysis of data the study did not separate data from internal and external
mode students. Previous studies (Dickson et al., 2000; Whittington et al., 2006) indicate that external mode brings increased study difficulty and higher attrition rates than for internal students, so further investigation of the external mode is warranted. Another significant area for future research relates to the specific group of participants in this study. Only graduates and students currently enrolled in either TAFE-SA or UniSA early childhood programs were invited to participate. Recent calculations indicate that the attrition rate from TAFE diploma entrants to the UniSA early childhood program may be approximately 30 per cent (UniSA data). Nothing is currently reported in the literature about the transition experience of these students. There were also considerable difficulties obtaining the sample, and the study would have been more robust had a higher percentage of the population of university students participated.

It should also be acknowledged that students’ personal factors were not investigated, including time management, study skills (essay-writing and exams), ICT competence and personal issues (family, health and financial problems) (Abbott-Chapman, 2006). Nor were enabling factors such as personal motivation and a desire to succeed, support within the university (from student services, lecturers and peers) and support within the family.

**Conclusion**

The findings of this investigation of early childhood students’ transition from a TAFE diploma to a university degree indicated that, although a pathway is established and many students complete both programs, the transition could be improved. The provision of specific transition activities upon entry, followed by ongoing support, particularly around assignment preparation and study skills, is recommended. In addition, staff from both institutions should work together to reduce the gap between the programs. For example, raising expectations of student independence and assignment preparation in the second year of the TAFE diploma may prepare students for the particular challenges of university work. As Broughton (2005) stated, much can be achieved when staff in complementary TAFE and university programs work together in collaborative partnerships.

Consideration also needs to be given to placing TAFE entrants in a mixture of first- and second-year university courses rather than giving credit for the entire first year, so that they can access the study skill support offered all commencing students.

In the current national early childhood policy environment, the demand for teachers from four-year university programs will increase exponentially and this pathway could assist in providing quality graduates. The early childhood field in Australia is moving towards professionalism. A range of pathways is needed, with exit points and entry and re-entry points so those working in the early childhood field can improve their qualifications, professional standards and overall career opportunities. With increasing numbers of families using childcare programs, and preschools for four-year-olds becoming increasingly available nationally, the opportunity to improve quality through improved staff qualifications should be seized. In the long term, the implementation of the recommendations of this investigation will contribute to the long-term goal of professionalising early childhood staff and improving outcomes for children in their care.

**References**


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Your one-stop guide to early childhood links and resources!
Welcome to the first Autumn issue of ECA WebWatch for 2009. As the cold weather creeps closer, we are focusing on the call for ABC to remove Bringing up Baby from television.

Also in this issue:
- Book now—Conferences with Professor Ian SIng-Blackford
- UNICEF releases State of the world’s children report
- Speeches by Maxine McKew
- New York’s education revolution and how it relates to Australia
- Helping children with Autism Spectrum Disorder

Plus:
- ECA calendar
- quality-assured early childhood resources

ECA WebWatch Feature Item
Call for ABC to cancel Bringing up Baby
ECA supports call to cancel Bringing up Baby
The ABC is currently screening a UK documentary series, Bringing up Baby, based on the guiding principles of three of last century’s influential childcare manuals. The series has come under fire from viewers, parents and experts for a range of reasons—in particular, the person promoting the Tods’s King method. This method has been rejected by experts as dangerous and does not reflect the evidence on what’s good for young children. This also raises significant ethical questions about using children in such programs.

Early Childhood Australia calls on the ABC to remove this series from television, and to immediately develop a program about child-rearing that is based on current research and best practice.

Read the transcript of the Media Watch segment on Bringing up Baby.

UNICEF releases State of the World’s Children report for 2009
The State of the World’s Children 2009 report
UNICEF’s flagship publication, the State of the World’s Children 2009, addresses maternal mortality, one of the most intractable problems for development work.

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Conference with Professor Ian Sing-Blackford
Professor Ian Sing-Blackford and Professor Corina Taylor present on the theme Frameworks and Foundational: When only the broad will do.

Early Years Learning Framework online forum
DEEWR launches Early Years Learning Framework online forum
The Early Years Learning Framework online forum has been established to encourage discussion among early childhood education practitioners and the government as they finalise the draft Early Years Learning Framework.
Neurobiology and child development: 
Challenging current interpretation and policy implications

Margaret Sims 
University of New England

WE ARE CURRENTLY EXPERIENCING an exciting time in early childhood as the Federal Government attempts to develop policies and systems to improve outcomes for our children. Recent advances in research have provided us with much evidence underpinning the new thinking. However, much of this evidence is still subject to interpretation, and it is my contention that common interpretations are significantly limited by our strong national culture of patriarchy. In this paper, I identify some of the policy implications of this ontogenic knowledge, and suggest an alternative viewpoint.

ONTOCENIC KNOWLEDGE is the form of knowledge we use to take in information, interpret it and develop action as a result of our understanding (Billett, 1996). In other words, our ontogenic knowledge shapes our interpretation and action in the world. In understanding interpretation and action, we therefore have to work backwards to determine what people hold as ontogenic knowledge. Bruner and Haste (1990) and Gelman (1997) identify ontogenic knowledge as conceptual frameworks or models of the world, underpinned by values, beliefs, emotions and interests (Reynolds & Salters, 1995) – what Billet names dispositions. Dispositions determine our motivation to attend to incoming information, to either assimilate or accommodate the new information (Piaget, 1952), and to shape actions.

This is particularly noteworthy in the current political context with our intense scrutiny on early childhood. Much of the debate in recent months has focused around the needs of young children and how the state ought to be developing policy and programs to improve outcomes for these children and their families. The Council of Australian Governments (COAG) agreed in March 2008 to aim for the following outcomes:

- Children are born healthy.
- Children acquire the basic skills for life and learning.
- Children will benefit from better social inclusion and reduced disadvantage, especially Indigenous children.
- All children have access to affordable, quality early childhood education in the year before formal schooling.
- Quality early childhood education and care supports the workforce participation choices of parents with children in the years before formal schooling.

(Early Childhood Development Subgroup, 2008, p. 3)

In their 2008-2009 Budget, the Federal Government outlined its plan to work towards achieving these objectives. The plan includes:

- improving access to quality early childhood education and care through:
  - universal access to preschool for all children in the year before formal schooling, 15 hours per week, 40 weeks per year, delivered by a university-qualified early childhood teacher;
  - the establishment of 260 early learning and care centres, including six specialist autism centres.
- improving quality of early childhood education and care through:
  - strong National Quality Standards;
  - A–E quality rating system;
  - support for education and training of the early childhood workforce;
  - the development of an Early Years Learning Framework.
- improving the affordability of child care by increasing the child care rebate;
- a new Healthy Kids Check for four-year-olds;
- national rollout of the Australian Early Development Index;
- a Home Interaction program to help parents prepare their children for school;
- the introduction of Healthy Eating and Physical Activity Guidelines for use in early childhood settings;
- enhanced early years services for Indigenous children.

(Early Childhood Development Subgroup, 2008, p. 4)
In working towards achieving these outcomes a range of reports has been developed and circulated for consultation (for example, the National Quality Framework discussion paper – Early Childhood Development Subgroup, 2008). Feedback (from the consultation forums around the country, various written responses provided to these reports, and in public debates) demonstrates that people’s understanding of the key issues, and the evidence they present to argue their case, is strongly influenced by their ontogenic knowledge and, in particular, the beliefs and values underpinning their knowledge, shaping their interpretation of the available evidence. It is interesting that many who use the ‘scientific’ evidence do so in the sincere belief that, being ‘science’, the evidence is clear, unbiased and not open to interpretation; results from neurobiological research (discussed below) are a case in point. This ‘scientific’ evidence, for so long lacking in early childhood, is held up as the main driver of policy change, but there has been no analysis of how our interpretation of this evidence is influenced by our underlying beliefs and values.

To illustrate this point it is first necessary to review recent neurological and physiological research that addresses the pathways by which the external environment impacts on biology, thus influencing health and wellbeing (Mustard, 2008; Shonkoff & Phillips, 2000). McCain, Mustard and Shanker (2007) call this experienced-based brain development. Evidence now points to the roles of cortisol and the hypothalamic-pituitary-adrenocortical system (HPA axis) in shaping health outcomes (Gunnar, 2006; Shonkoff & Phillips, 2000). Atypical diurnal rhythm and reactivity of the HPA system are known to have negative long-term health outcomes. For example, higher levels of cortisol in children are associated with extreme behavioural inhibition, obsessive-compulsive disorder, panic disorder and withdrawal, memory problems, poorer school performances, cognitive impairments, anti-social behaviour, diabetes and delinquency (Dickerson & Kemeny, 2004). In a similar manner, chronically low activation of the HPA system (hypo-cortisolism) is linked with anxious and withdrawn behaviours, depression, excessive immune responsivity, premenstrual tension syndrome, behaviour problems, rheumatoid arthritis, chronic fatigue syndrome and post traumatic stress disorder (Yashmin, Karten & Cameron, 2005). The concept of allostatic load proposes that stressful events trigger a range of hormonal and physiological responses in the neuro-endocrine, sympathetic nervous, immune and cardiovascular systems which result in dysregulation of responses leading to poor outcomes identified above (Seplaki, Goldman, Weinstein & Yu-Hsuan, 2004). It is likely that, while the risk of establishing hypo- or hyper-cortisol patterns is partly genetic, personality and temperament also have a role to play, as does social inclusion/exclusion. These differential patterns of cortisol responsivity might be linked to the nature of the chronic stress, the external resources available to assist the child to cope and to characteristics within the child him/herself (van Bakel & Riksen-Walraven, 2004).

Infants gradually establish a typical diurnal rhythm in cortisol levels and learn to regulate their cortisol reactions so that transitory peaks are quickly reduced to basal levels. Adults are responsible for moderating infants’ stress reactions, and the caregiving relationship is the vehicle through which this moderation operates; the quality of sensory stimulation affects the architecture and function of the brain (Gunnar, 2006; McCain, Mustard & Shanker, 2007; Mustard, 2008; Shonkoff & Phillips, 2000). Infants whose stress reactions are appropriately moderated develop more effective stress management and emotional regulation and demonstrate, as they grow, typical cortisol rhythms. A secure attachment is thought to operate as a protective factor, where the adult is able to mediate the impact of stressful events on the child (Gunnar, 2006). Children with disorganised or insecure attachments are less able to manage stress, and thus stressful events have a greater impact on their biology (Hertsgaard, Gunnar, Erickson & Nachmias, 1996). Animal studies (such as Kaffman & Meaney, 2007) indicate that this impact is likely to be lifelong: for example, rat pups experiencing better maternal attention were found to be less likely to demonstrate the problems with both HPA dysregulation and cognitive functioning normally associated with old age in rats.

Studies of the biological basis of attachment suggest that mothers’ brains show different activation patterns in response to infants’ cues than do the brains of non-mothers and men. These responses are linked to the pleasure centres of the brain and may thus be associated with the development of attachment, and the high levels of attention paid by mothers to their infants (Strathearn, Li, Fonagy & Montague, 2008). Swain, Lorberbaum, Kose and Strathearn (2007) summarise a range of recent research and conclude that there is a potential change in the functioning of the amygdala that comes with being a parent. Mothers are found to demonstrate an increased level of alertness and arousal in response to infants’ cues in comparison to non-mothers (Purhonen, Paakkonen, Ypparila, Lehtonen & Karhu, 2001). Repetti, Taylor and Seeman (2002) propose that genetic vulnerabilities in ‘risky’ families interact with family characteristics, resulting in a disruption of children’s biological regulation of the stress system (including the hypothalamic-pituitary-adrenocortical system). Children who are genetically vulnerable are more likely to behave in ways that elicit poor parenting responses, even when parented by adoptive rather than biological parents. Poor parenting exacerbates children’s behavioural problems, eliciting more negative parenting responses. The attachment relationship is significantly at risk in this
context, and this accumulation of risk builds up allostatic load which ultimately results in irreversible changes in children’s biological regulation leading to significant differences in outcomes as they grow into adulthood.

Those who view this evidence through the lens of patriarchy and the neo-liberalist ideology of family understand this to imply that young children must spend quality time with their parents (and particularly their mothers) in order for secure attachments to be established, and thus facilitate optimal development of their brains. Brain responses of mothers towards their infants are interpreted to mean that infants in the care of their mothers are more advantaged. Care in the home by the family is positioned as ideal (O'Connor, Orloff & Shaver, 1999) and this care is expected to be largely self-reliant, autonomous and unpaid. The ideal Australian family comprises a heterosexual couple consisting of a male breadwinner and a female carer of children (Saggers & Sims, 2005). This gendered nature of care aligns with Caputo’s concept of intensive motherhood, with its proposition that those who don’t offer intensive care are ‘bad’ mothers (Caputo, 2007). Families are perceived as functional, cohesive, supportive, able to meet the needs of all members, and capable of managing various predicaments. One consequence of this positioning is that mothers in financially-advantaged families, where only the father is engaged in paid work, are likely to be more able to fulfil the roles and responsibilities expected of them than mothers with fewer social and economic resources.

The argument is couched as follows: the neurobiological evidence indicates that children in secure relationships are less at risk for negative outcomes, as secure attachment enables more desirable brain development. Brain imaging research is interpreted to mean that, because mothers show different brain responses from their infants (when caregiving fathers have not yet been the subject of research), infants are better off in the care of their mothers, who are biologically programmed to offer that care. This supports the assumptions (underpinning patriarchy) that secure attachment is best when it operates between mother and child. Therefore we need to ensure that mothers have opportunities to spend quality time with their young children in order to facilitate this. Arising from this is the implication that policy needs to focus on strategies that enable this to happen such as extended maternity leave. Non-parental care options, which do not support mothers as the primary caregiver, are not perceived as important, and may, in fact, be positioned as undesirable.

This is illustrated in the recent round of discussions over maternity leave, where many arguments have been put forward indicating that the neurobiological evidence ‘proves’ that mothers need to maximise the time they spend with their children in the early years. In its recent submission into the Inquiry into Paid Maternity, Paternity and Parental Leave, the NSW Commission for Children and Young People and NIFTeY (2008, p. 8) argues:

This growing body of research provides a compelling biological underpinning to account for why maternal employment during the child’s first year of life can have a detrimental effect on a child’s long-term cognitive and social development. The challenge for us is how we enable mothers to be at home with their infant during this critical period. For this reason we consider a paid parental leave period of at least one year is essential to support the healthy development of this dyadic relationship between babies and their caregiver.

Note how in this argument there is a focus on maternal employment and its impact on child outcomes. There is no acknowledgement of another adult in the caregiving relationship despite the use of the generic term ‘caregiver’ in the last sentence.

The assumption in this argument is based on patriarchy, which clearly defines the roles of women and men. A ‘good’ mother spends time with her children, and undertakes all the caring tasks associated with child-rearing. Any participation in the world outside the home is acceptable only if it does not interfere with the woman’s primary duties as mother and wife (Thurer, 1994). Women with children who return to work are considered to be ‘shirking’ their primary responsibilities. They receive little support from those around them, are criticised as poor mothers and people by others, and struggle with internal role conflict (Johnston & Swanson, 2003).

While there is no doubt that children who do not experience secure attachments to their caregivers in their early years are at significant risk for negative long-term outcomes, none of the evidence specifically identifies that the caregiving must come from the mother. There is a suggestion in the research that neurological responses to infants may be dose dependent, i.e. the experience of caregiving may elicit these differential brain responses. Kringelbach, Lehtonen, Squire et al. (2008) suggest, for example, that brain patterns demonstrated by human mothers in response to infants are not found in maternal interactions with adult children. At what age does this change occur? We do not yet know, but it does indicate an age specific dosage effect. Boccia and Pedersen (2001) show that human mothers’ oxytocin responses are impaired when they are separated from their infants for a significant length of time, indicating that being with the infant (a dosage effect) is essential for maintaining the biological mechanisms supporting bonding. Research with marmosets shows that levels of testosterone1 in males who had previous experience with infants were

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1 Lower levels of testosterone are associated with increases in nurturing behaviours (French, Fite, & Ross, 2008).
less at the birth of their babies than were those in first-time fathers (French, Fite & Ross, 2008), indicating a dosage effect on paternal biology. In addition, while paternal caring is not common in Western societies (and thus has not been seen as important in the research agenda), there are human societies where paternal caregiving is common and characterised by high levels of nurturing. In some hunter-gatherer groups paternal care is essential for children's survival; pygmy fathers, for example, hold their infants 22 per cent of the time and remain in earshot of them most of the time (Hrdy, 2008). With this indicative evidence in mind, it is not unrealistic to propose that fathers who are undertaking the primary caring role with their infants might also be found to demonstrate the biological responses typically found in extant research on mothers. The fact that these responses in fathers have not yet been identified is because no researcher has yet thought to test this hypothesis.

In our society, mothers are usually the ones providing infant care and mother-care is automatically positioned as ‘better’ for children than non-maternal care. Women who allow others to share their child-caring role are judged as poor examples of womanhood (see discussion above). Consequently, non-maternal care options, such as child care, are the underdog of early childhood programs both in societal perception and in funding/resourcing. Childcare workers remain on lower wages than early childhood teachers (Press & Hayes, 2001). Training requirements to work in child care are less, and the industry is characterised by high caregiver stress levels, high staff turnover and poor working conditions (Commonwealth Child Care Advisory Council, 2001; Press & Hayes, 2001; Sims, 2003b, 2007). The child care industry is positioned as having a ‘financial interest in separating infants and young children from their mothers …’ (Cook, 2002).

Because of their low status (and poor funding) many child care programs around the country are not able to offer the levels of quality services that would maximise children’s outcomes. We know that low-quality care impacts on children’s outcomes. For example, a range of studies (see Sims, 2003a, for a review) demonstrates that children attending long hours of centre-based care, or who attend centre-based care at an early age, are more likely to demonstrate undesirable psychosocial outcomes. Attendance at centre-based care is associated with higher cortisol levels (Watamura, Donzella, Kertes & Gunnar, 2004). However, it appears that children's cortisol response to child care is partially dependent on the quality of the care provision (Sims, Guilfoyle & Parry, 2005, 2006a, 2006b), indicating that the quality of the care is at least as important as who is delivering the care. Children in high-quality child care are likely to have more secure attachments (NICHD Early Child Care Research Network, 1997; Peisner-Feinberg, et al., 2000), improved pre-academic and language skills, irrespective of the time spent in care (NICHD Early Child Care Research Network, 2002b; Vandell, 2001), improved social competence (NICHD Early Child Care Research Network, 2002a), and advantages in cognitive skills (maths and language) (Peisner-Feinberg et al., 2000). Children in high-quality family day care show improvements in cooperation, cognition and language skills (Clarke-Stewart, Vandell, Burchinal, O'Brien & McCartney, 2002). Sensitive, warm and responsive caregiver attention at the beginning of the day at child care is associated with lower child cortisol levels than than from sensitive, but essentially non-interactive, care (Gunnar, Larson, Hertsgaard, Harris & Brodersen, 1992).

If we shared different ontogenic knowledge, parental and non-parental caring (such as child care) would be positioned in another way. In contrast to patriarchy, we could think of the responsibility of child-rearing as something we all, as members of an extended family and community, shared. We could choose to believe that parents had a right to additional support to ensure that their children experienced the best possible child-rearing environments, and that it is our responsibility, as a society, to ensure that all parents participate in a range of services to best ensure all members of their family had a high quality of life. In this context, we would interpret the neurobiological evidence somewhat differently. As before, we would understand the neurobiological evidence indicates that children in secure relationships are less at risk for negative outcomes, as secure attachment enables more desirable brain development. We could then add into our thinking further research on secure attachments, particularly the research around multiple attachments (Gerhardt, 2004; Hutchins & Sims, 1999; Jackson, 1993). Using this lens, we could argue that children who have multiple, secure attachments are less at risk than children who have one secure primary attachment. No mother can guarantee that she will not get sick, be hospitalised or die in an accident, leaving her child without a primary attachment figure. No mother can guarantee that she can be physically and emotionally available to her child all the time. Children who have multiple secure attachments will always have others in their lives to rely on, ensuring that each individual in that circle of attachment is not called upon to supply more than s/he is capable of doing at any one time. The bio-anthropological literature calls this ‘alloparenting’ (see Hrdy [2008] for example). Sharing the caring means the demands of caring are less for all, without compromising the quality of the care offered. Multiple secure attachments are a protective factor against negative outcomes as demonstrated across a range of human and animal societies (Hrdy, 2008; Olazabal & Young, 2008). With this ontogenic knowledge underpinning our thinking, the implications for policy development are significantly different.

Using this different ontogenic lens, parental leave is
one of a range of options we would see as desirable to support families. We would argue parental leave ought to offer the same options for fathers as for mothers, as we would believe it is extremely important for children to develop secure and equal attachments to both parents. Other options, we would argue, must also be universally available to families. Ideally we would have family support programs offering information and practical support to carers at home with young children. These might include home visits, playgroups, parent education, toy libraries, social networking opportunities, and practical support such as financial management and stress management programs for all families, not just for those targeted because of identified risk, as in the current context. Our aim would be to ensure that those providing home care are not stressed and are adequately supported so that children are sure of receiving high-quality care. We would also ensure that all non-parental care programs for children were appropriately funded and supported—we would want children in any form of care (parental or non-parental) to receive high-quality care.

The consequence of this different ontogenic lens would be that child care in all its forms (informal and formal, parental and non-parental) would become a higher status activity. Resources would be available to ensure that all services (parent support and non-parental care services) operated at high quality, and staff were appropriately remunerated, supported and trained. We already know that the economic benefits of high-quality early childhood programs are significant (Heckman, 2006; Heckman & Lochner, 2000), with the latest from the Perry High/Scope evaluations suggesting a return on investment as high as 17:1 (Schweinhart; Montie; Xiang; Barnett & Nores, 2005). We also already know that, were we to invest significant resources into early childhood programs, we could make major differences in outcomes, not just for individual children and families, but for society as a whole. Currently we choose not to make those investments because, as a society, we still believe that young children are the responsibility of their parents and that child-rearing is the responsibility of mothers. At the present time we are happy to invest in schooling from the age of six (with commitment to extend that down to five and maybe four), but any investment in the early years is couched in terms of those most at risk, and is not universal, despite the evidence that it is too late to make a major impact by holding off on universal programs till school age.

There is widespread public concern that, particularly in the current economic climate, we do not have enough money to invest in the early years and still offer the same levels of service in other areas such as schooling, health and employment. However, I contend the evidence is clear that we cannot afford to not invest in the early years. Money can be found if children are considered sufficiently important. Arias (2000, 2001) pointed out some time ago that 5 per cent of the money spent on military technology and training around the world in 1999 could have provided basic education, health care, nutrition, potable water and sanitation to all the people of the world. To encourage discussion and debate, to change our thinking, invest properly in our young children and change our future as a nation, we need to take the first step: we need to challenge patriarchy and the neo-liberalist ideology of family.

References


Developing an active play resource for a range of Australian early childhood settings: Formative findings and recommendations

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PHYSICAL ACTIVITY HABITS ARE established in early childhood. Increasing a child’s fundamental movement skill confidence and competence may result in a trajectory of increased physical activity and a lower risk of becoming overweight. The evidence upon which the promotion of physical activity in early childhood settings is based is tenuous. This study employed formative research methods (gaining the perspective of people both within and outside the target community) to identify current physical activity practices, barriers to physical activity and methods by which effective professional development could be delivered in three early childhood setting types: family day care, long day care and kindergarten. In these settings, lack of time, finances and motivation were the key barriers to implementing physical activity programs. Recommendations for a physical activity program and associated professional development resources were developed to overcome these barriers.

Introduction

APPROXIMATELY 20 PER CENT of pre-school children in Australia are overweight or obese (Wake, Hardy, Canterford, Sawyer & Carlin, 2006), with this proportion almost doubling in the past decade (Vaska & Volkmer, 2004). Child obesity is now considered one of the most common preventable diseases in Australia and the wider Western society (Lobstein, Baur & Uauy, 2004). Overweight and obesity negatively impact on an individual’s morbidity and mortality through physiological and psychological consequences (Must, 1996). It has been shown that prevention is more effective than treatment, which suggests that early childhood settings are important for creating change in health habits (Deghan, Akhtar-Danesh & Merchant, 2005).

Physical activity is cited as one of the key behaviours to promote for obesity prevention (Prentice & Jebb, 1995). Yet research suggests that around 30 per cent of pre-school children do not engage in sufficient physical activity (Okely, Trost, Steele, Cliff & Mickle, 2009) and that early childhood staff lack the knowledge, confidence and skills to implement effective physical activity programs (O’Connor & Temple, 2005).

Little peer-reviewed research is available on physical activity programs for early childhood settings (Chau, 2007). The available research indicates that physical activity interventions have the potential to positively impact on levels of physical activity in early childhood settings (Hands & Martin, 2003; Martin & Hands, 2003). Research also demonstrates that proficiency in fundamental movement skills (such as running and catching) is linked to higher participation in physical activity in pre-school children (Fisher et al., 2005).

Past fundamental movement skill interventions have shown positive results in improving pre-school children’s fundamental movement skill proficiency (Hands & Martin, 2003; Martin & Hands, 2003; Sanders & Sims, 2003). More research is needed to identify effective professional development models and to understand the physical activity barriers and facilitators in early childhood settings.

There were two aims for this study. The first was to consult staff within the early childhood sector to identify considerations and make recommendations for an active play resource suitable for a range of early childhood settings. The second was to identify considerations and make recommendations for a physical activity professional development program for early childhood workers involved in each of the settings.

This project formed one component of a larger project, Romp and Chomp, an initiative of the Sentinel Site for
Obesity Prevention, a World Health Organisation (WHO) collaborating centre within Deakin University (WHO Collaborating Centre for Obesity Prevention, 2006). Romp and Chomp aims to promote accurate nutrition and physical activity messages and practices in early childhood settings within the City of Greater Geelong, Victoria (population 200,000).

The settings chosen included long day care, Geelong Kindergarten Association (GKA) kindergartens and family day care. The program also operated through Maternal and Child Health Centres. Romp and Chomp included a number of partnerships. One was with an organisation called Leisure Networks, which provide physical activity programs for Geelong with a particular emphasis on making physical activity accessible for members of the community who traditionally would be less likely to participate in physical activity.

The University of Wollongong’s Child Obesity Research Centre was approached to be involved in the development of the Romp and Chomp active play component. Early childhood setting staff requested that the active play component of the intervention receive priority.

An audit conducted in 2005 in Geelong childcare settings provided background information on the nutrition and physical activity policies and practices of these settings. Around 71 per cent of all childcare settings responded (kindergarten 38/51, long day care 19/26, family day care 44/66), the most notable finding being that, while almost 90 per cent had a nutrition policy, less than 10 per cent had a physical activity policy.

Methods

This study used a formative research design. Formative research involves knowing the target group’s environment, communication methods, motivations, attitudes and beliefs (Curtis et al., 1997). Qualitative and quantitative methods, and emic (within the community) and etic (outside the community) perspectives are included to ensure data represents the diverse perspectives of the participants (Gittlesohn et al., 1999). Solutions arise from the data, which increases the cultural relevance of products and services, enhances participant motivation, and encourages ownership and anticipation for the intervention (Gittlesohn et al., 1998).

Staff from within the three target settings provided the emic perspective within the data. More than 140 early childhood settings—family day care (n=66), long day care (n=26) and kindergartens (n=51)—were represented. Primarily, the family day care perspective was obtained from family day care support workers, and the long day care perspective was obtained through long day care coordinators. Family day care support workers and long day care coordinators drew on both their experience of the settings and direct feedback from staff. The perspective of kindergarten staff was presented through the Geelong Kindergarten Association Executive Officer.

The etic perspective was provided by the Romp and Chomp project coordinator, and from an expert group comprising four physical education specialists, based at the University of Wollongong and the University of Newcastle, who had additional experience in the development and evaluation of interventions to increase physical activity in children. The researcher and the researcher’s supervisors similarly provided an etic perspective. The two researcher’s supervisors were members of the expert group, but were more immersed in collecting and analysing data than were the other expert group members. The researcher had a background in early childhood education.

The researchers reviewed the results for the setting audits, and a two-day visit was planned to the Romp and Chomp environment early in 2006.

During the visit, researchers conducted interviews, a focus group, visited sites and observed meetings in order to understand the Romp and Chomp environment. Data collection was multifaceted, including audiotaped interviews, artefacts and observations. For a more detailed description of the sequence of data collection see Appendix 1.

The focus group questions and two draft physical activity lessons were emailed to the Romp and Chomp coordinator and disseminated to participants one week prior to the researchers’ visit. Focus group questions requested information on current physical activity practices, current professional development practices, types and amounts of equipment available in each setting, what staff believed would be valuable in a physical activity resource, how confident and competent staff perceived themselves and other staff to be, and their response to the draft physical activity lessons.

Following the data collection, a draft resource was developed, informed by data and in collaboration with the expert group. Professional development content was developed and delivered as a one-day workshop to eight early childhood staff, with all three settings represented. At the completion of the professional development, a questionnaire was distributed. The questionnaire requested information on staff-perceived changes in attitudes and confidence in teaching physical activity. Participants were also asked to indicate the value they placed on each component of the workshop.

Data management and analysis

Interviews were transcribed verbatim and independently coded by three of the authors (Riethmuller, McKeen,
Key themes within these interviews were then compared, and discrepancies discussed and resolved. Three themes emerged from the data (Marshall & Rossman, 2006): the attitudes and understandings of staff, resources available in the settings, and considerations for implementing and sustaining the resource. Each of these themes was further broken into a number of sub-themes.

**Data validity**

Validity was maintained through triangulation and member checking. Data collected in interviews and focus groups, through teleconferences with the Romp and Chomp program coordinator, setting programs, programming guidelines and checklists, and the audits of the settings were compared.

Data underwent member checks as part of the interviews and the focus group, through the use of paraphrasing and clarifying questions, which ensured that it had been both accurately recorded and interpreted (Mertens, 2005). The Romp and Chomp project coordinator was in regular communication with the researcher and the researcher’s supervisors, which also allowed for continuous checking of data and findings.

**Results**

**Curriculum, policies and type of resource preferred**

Each of the settings had different programming requirements. Kindergartens and long day care were required to formally program the time that children were in care. Kindergarten programming included the category ‘Health and Physical Development’. This component involved mastering self-help tasks, developing coordination, developing strength and agility, and developing an understanding of maintaining health and wellbeing among children. One of the tasks of kindergartens is to prepare children for school, and their programs involved more teacher-directed learning than did long day care. Long day care programs included the categories ‘motor skills’, ‘gross motor’ and ‘music and movement’ for all their age groups.

Family day care was not required to have a written program:

*I think a large proportion plan only in their heads, it’s not a great deal of written down. And some of that is dependent on who comes in on the day, and what the weather’s like.*

They also had no regulations regarding minimum qualifications of the care provider:

*There’s a mixture of people as care providers; some are untrained, some are trained, some are nurses, some are teachers, some are childcare staff; there’s a whole mix of people involved and have different, varying levels of skills.*

Support workers, therefore, believed that physical activity knowledge, confidence and competence of care providers was likely to vary considerably.

There were some similarities between the settings regarding the content of an active play resource. All settings believed that a resource that was dense with text or too complicated would not be used, as was clearly illustrated by one support worker (family day care) who said, ‘I think that it needs to be really simple. We’re talking about people who are trying to care for children as well as organise’.

Settings staff also agreed that the resource needed to clearly identify the target age group and the purpose of each activity, for ease of use. Because of the time constraints facing setting staff, and staff ratios, all settings agreed that the resource would need to contain activities that required minimum equipment and set-up time.

Family day care support workers were concerned that the activities would not be suitable for a care provider who had children of varying ages in their care at the one time:

*Family day care is very different to any other setting, and that’s where the difficulty always lies … it is about the environment and it’s about the age groups, and it’s, it’s a sole operator in their home. So while they’re doing games, this nappy needs changing over here, that child needs to go to sleep, and whatever else.*

The main point stressed by long day care representatives was that the activities in the resource be age and stage appropriate, and take into account the staff ratios, ‘and also the labour intensiveness of some of the activities. With 30 children and two staff there is always the potential that … [children will lose focus in the lesson]’. Long day care was also interested in activities that could be used with small groups of children, inside, at the end of rest time, and at other opportune moments.

In addition to wanting a quick and easy-to-use resource, with clear outcomes, the Executive Officer (kindergartens) articulated the value of linking with the Exemplary Teaching Standards—‘You can use it to prove that you’re actually able to be exemplary, and when more than three-quarters of them want to be exemplary, and want the money …’—which demonstrates the motivational value of Exemplary Teaching Standards in kindergarten settings. The current curriculum, policies and aspects that staff from each setting believed to be important in an active play resource are summarised in Table 1.
Table 1. Curriculum, policy, and the type of resource preferred

<table>
<thead>
<tr>
<th>What currently exists in terms of curriculum and policies?</th>
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<tbody>
<tr>
<td><strong>Family day care</strong></td>
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<tr>
<td>• No policy</td>
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<tr>
<td>• No requirements to record a curriculum</td>
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<tr>
<td><strong>Long day care</strong></td>
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<tr>
<td>• Active play policy recently developed (after the 2005 audit)</td>
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<tr>
<td>• Program contained a focus on ‘motor skills’, ‘gross motor’ and ‘music and movement’</td>
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<tr>
<td><strong>Kindergarten</strong></td>
<td></td>
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<tr>
<td>• One kindergarten had a physical activity policy</td>
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<tr>
<td>• Were currently reviewing problems with implementing their nutrition policy</td>
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<tr>
<td>• All settings maintained a program. The program was quite tightly structured and aimed to prepare children for school</td>
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<tr>
<th>What do staff currently feel are their needs in terms of a resource?</th>
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<tr>
<td><strong>Family day care</strong></td>
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<tr>
<td>• Simple, easy to read</td>
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<tr>
<td>• Low planning</td>
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<td>• Versatile across age groups and sizes</td>
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<tr>
<td>• Low need for adult supervision and participation</td>
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<td>• Explanation of the value of the activities</td>
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<td>• Resources and ideas for promoting physical activity</td>
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<tr>
<td>• Cater for varying knowledge levels among care providers</td>
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<tr>
<td><strong>Long day care</strong></td>
<td></td>
</tr>
<tr>
<td>• Simple</td>
<td></td>
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<tr>
<td>• Age/stage appropriate</td>
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<tr>
<td>• Suggested modifications</td>
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<td>• Ideas for activities</td>
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<tr>
<td>• Cater for varying knowledge levels among care providers</td>
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<tr>
<td>• Assistance identifying the appropriate practices in their current teaching</td>
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<tr>
<td>• An external person to observe and provide feedback on their lessons</td>
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<tr>
<td><strong>Kindergarten</strong></td>
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<tr>
<td>• Overview and learning outcomes</td>
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<tr>
<td>• Simple and quick</td>
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<tr>
<td>• Cater for varying knowledge levels among care providers</td>
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<tr>
<td>• Link with exemplary teaching standards</td>
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</tbody>
</table>

**Considerations for tailoring the resource to suit settings**

Available space varied between setting types and individual settings. Family day care settings had a minimum outdoor area of a backyard or were within walking distance of a playground. Family day care providers could also attend playgroups, often held in large halls. These playgroups provided an opportunity for gross motor development activities (see Table 2).

Outdoor space in long day care and kindergarten settings varied. Landscaping of yards and permanent equipment minimised the amount of open space available for running physical activity in some settings. Indoor space was limited in both settings to an area of the floor large enough for children to sit on during teacher-directed times in the day. Staff ratios meant that moving furniture to clear a space for inside physical activity wasn’t feasible.

Availability of equipment was identified as a key consideration. Family day care requested that the resource not require too much expensive equipment but rather that activities use ‘everyday things, because that’s [out of] their [own] expenses, so to say you have to go now and purchase these things, no way, some would and be really enthusiastic about it, but for some people it is just too much.’

The cost of purchasing and maintaining equipment was also a barrier for long day care and kindergartens. While settings generally would have four to six balls, no setting had enough equipment for all children to practise skills at the same time in a group setting. Storage was also limited.

Based on the constraints of equipment, finances and space, it was suggested that activities would need to be suitable for indoors and small areas. This also allowed for inclement weather and for compliance with sun protection policies. Activities should also be designed to use little or no equipment, or, if equipment is needed, that it have inexpensive alternatives. Data also indicated that staff knowledge and motivation needed to be a consideration in the design of the resource. Setting staff’s reports on their available resources and areas in which the resource could be modified to suit all three setting types are summarised in Table 2.

Table 2. Considerations for tailoring the resource to suit settings

<table>
<thead>
<tr>
<th>What resources do settings currently have?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family day care</strong></td>
<td></td>
</tr>
<tr>
<td>• Inside and outside space varying in size, shape, and landscaping</td>
<td></td>
</tr>
<tr>
<td>• All settings have either a backyard or access to a playground</td>
<td></td>
</tr>
<tr>
<td>• Strongly encouraged to use home-made resources</td>
<td></td>
</tr>
<tr>
<td>• Some attend playgroups (~21 care providers)</td>
<td></td>
</tr>
</tbody>
</table>
Long day care
- Very little inside space, with variations in size, shape and arrangement of equipment
- Access to internet and books
- Range of balls, no skipping ropes or braids due to safety concerns, witches hats, coloured scarves, tunnels, beanbags, parachutes, pompoms and stepping boards
- Some have yoga and jazz classes
- One centre had a multipurpose room
- Staff ratio in the four-five-year-old room was one staff member to 15 children

Kindergarten
- Some settings had limited outside space due to landscaping and permanent equipment
- Some centres had clear blinds around verandahs which provided additional inside/outside space
- Inside clear space is limited
- Access to internet and books
- Coloured scarves, witches hats and variety of balls

How can the resource be modified to suit a wide range of settings?

All
- Clear indication of the target age of children
- Low text, simple to read and navigate
- Include foundational information about physical activity
- Provide rationale for including physical activity
- Have activities in a separate section to lessons
- Have a mixture of activities, to suit different group sizes and ages
- Have activities clearly marked according to skill

Implementing and sustaining the resource

Suitable models for professional development varied between each of the settings. Professional development considerations are summarised in Table 3. Family day care providers were not paid for time not caring for children. This meant that, unless care providers were happy to take a day off work, they were available only in the evenings, after a full day of work. Evening sessions were their current method of professional development, and it was preferred that these sessions be practical and hands-on. Family day care support workers were also working towards developing a way for care providers with particular strengths to professionally develop other care providers.

Long day care staff had staggered hours and suggested that the best time for professional development would be at staff meetings. They believed that training only one person and having that person responsible for mentoring other staff members would reduce the quality of the program. Similarly, the Executive Officer for kindergartens believed that a mentoring system wouldn’t work in kindergartens because of time restraints and a lack of motivation: ‘No, it doesn’t work; time restraints are the real issue, so it’s really being able to offer them something that they are interested in.’

GKA kindergartens had a professional development conference attended by most kindergarten staff. Additional professional development sessions were run throughout the year, with a calendar of professional development published and distributed at the beginning of the year. The Executive Officer was enthusiastic about including the Romp and Chomp program in the conference in the future.

All settings were spread widely throughout the area, which made accessing one workshop difficult for setting staff, especially if they had limited time. It became apparent that effective professional development would need to be structured in a way that complemented the individual setting types. Leisure Networks was interested in being involved, and suggested that representatives may be able to visit individual centres to provide feedback and run workshops in staff meetings. Partnerships with organisations, such as Leisure Networks, may mean that professional development can be offered with more flexibility in time and location.

Data suggested that, for all settings, the professional development would need to promote an understanding of the value of physical activity and the need for developing fundamental movement skills, as well as promoting familiarity with any resource developed and increasing setting staff’s competence in teaching and identifying fundamental movement skills (see Table 3). In addition, it should build on prior learning and consider the background and pre-service training completed by staff, especially those who may have little knowledge, confidence or skills.

As captured in the following quote, ability and confidence in teaching physical activity varied.

[In long day care] it varies, so some can confidently do [physical]; it’s the same as the music thing, some can confidently do music very well, some not so confidently. [In family day care] there is a mixture of people as care providers as well … and have varying levels of skills accordingly. You know, some have done sports stuff before, some haven’t.

Data also suggested that one barrier to implementing and sustaining the resource was a lack of time or motivation to engage with support materials.

[In family day care] they just won’t read stuff like that [support information] … It’s the knowledge of why
they need to use it, once you build that knowledge then they build that into what they do on a daily basis. If they don’t have that knowledge then they don’t see the importance of it.

Data collected following the professional development workshop suggested that professional development could be a way of addressing this barrier. Responses to the questionnaire showed that all participants believed that the professional development had increased their understanding of the value of physical activity and fundamental movement skills. Written feedback included: ‘It was very beneficial, hope to have more sessions in the future’, regarding long day care; and ‘Thank you, the workshop has been very motivating’, regarding kindergarten.

**Table 3. Implementing and sustaining the resource**

<table>
<thead>
<tr>
<th>What training might be appropriate for staff with regard to implementing the resource?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family day care</strong></td>
</tr>
<tr>
<td>• Training the support workers, who could then work one-on-one with care providers, run professional development sessions in the evenings, or work with care providers at playgroups</td>
</tr>
<tr>
<td>• Provide hands-on professional development in evening sessions for care providers</td>
</tr>
<tr>
<td><strong>Long day care</strong></td>
</tr>
<tr>
<td>• Work with staff in their setting to identify current practices that are valuable and to provide expert feedback on their lessons</td>
</tr>
<tr>
<td>• Cater for individual learning styles in the professional development</td>
</tr>
<tr>
<td>• Provide professional development in staff meetings</td>
</tr>
<tr>
<td><strong>Kindergarten</strong></td>
</tr>
<tr>
<td>• Link with Exemplary Teaching Standards</td>
</tr>
<tr>
<td>• Professional development workshops</td>
</tr>
<tr>
<td>• Training provided in staff meetings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are some of the barriers for implementing the resource?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All</strong></td>
</tr>
<tr>
<td>• Low levels of staff competence and confidence with physical activity and fundamental movement skills</td>
</tr>
<tr>
<td>• Lack of indoor and outdoor space to run activities</td>
</tr>
<tr>
<td>• Too much content</td>
</tr>
<tr>
<td>• Inadequate amount of equipment</td>
</tr>
<tr>
<td>• Distance between settings, and work hours, prevents all setting staff attending one professional development workshop</td>
</tr>
<tr>
<td><strong>Family day care</strong></td>
</tr>
<tr>
<td>• Sole carer of a diverse group of children (age/interests/needs)</td>
</tr>
<tr>
<td>• Planning needs to be done in unpaid time, when no children are in care</td>
</tr>
<tr>
<td><strong>Long day care</strong></td>
</tr>
<tr>
<td>• Teacher–child ratios make it difficult to set up activities and keep children on task</td>
</tr>
<tr>
<td><strong>Kindergarten</strong></td>
</tr>
<tr>
<td>• Shorter days may mean that there is no perceived time available to include fundamental movement skill development.</td>
</tr>
<tr>
<td>• A lack of links with Exemplary Teaching Standards and other governing policies (little motivation for staff to implement the resource)</td>
</tr>
</tbody>
</table>

**How can the program be implemented and sustained after the study ends?**

<table>
<thead>
<tr>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Through creating an understanding among setting staff of the value of physical activity and fundamental movement skills</td>
</tr>
<tr>
<td>• Possibly through the involvement of Leisure Networks</td>
</tr>
<tr>
<td><strong>Kindergarten</strong></td>
</tr>
<tr>
<td>• Through linking with Exemplary Teaching Standards</td>
</tr>
</tbody>
</table>

**Resource and professional development content**

Resource content was developed through a merging of the expert group knowledge and the needs identified by setting staff. Resource content focused on developing 13 fundamental movement skills (static balance, broad jump, catch, gallop, hop, kick, leap, run, side gallop, skip, strike, throw and underarm roll). Each skill section contained two structured group experiences focusing on fundamental movement skill development and a number of single activity ideas. Given the identified barriers of time, motivation, knowledge, space and equipment, it was recommended that resource content include a description of the components of each skill, ideas for home-made resources, and a brief outline of the value of physical activity and fundamental movement skills. Recommendations also included providing professional development to support staff understanding of the value of physical activity; the use of colours and symbols to reduce the amount of reading time required; and incorporating activities to suit a variety of ages, group sizes and available space (including indoor and outdoor spaces). Table 4 identifies specific links between barriers and recommendations.

Professional development content focused on increasing understanding of the value of physical activity and fundamental movement skills, confidence and competence in correctly demonstrating the skills, and familiarity with
Table 4. Features of the active play resource introduced to overcome barriers identified by early childhood staff

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Design features to overcome barriers</th>
</tr>
</thead>
</table>
| Limited time to read support material and engage with the resource     | • Use colours and symbols to clearly indicate the target skill, age appropriateness, level of adult supervision required, and suitability for inside/small spaces of each activity and lesson  
• Provide professional development to increase participants’ knowledge, confidence and competence with physical activity, and also familiarise participants with the resource  
• Include support information in the resource as a separate section to the lessons and activities |
| Varying levels of confidence and competence with physical activity      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Diversity of settings:                                                 | • Inclusion of support information and symbols to allow staff to design lessons/experiences that suit their children, environment, philosophy and programs  
• Include individual activities as one section and structured group experiences as another  
• Ensure every skill has activities suitable for older children, suitable for inside, and suitable for children to engage in without adult participation and direction |
| Special needs of children                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Age groupings of children                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Equipment and space available                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Number of staff per child                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Low quantities of equipment and financial constraints                  | • Include a section on alternative equipment. Provide information on widely available or inexpensive/simple-to-make equipment for relevant activities (such as balloons or pairs of rolled socks in the place of balls)                                                                                                                                                                                                                                                                   |
| Linking with Exemplary Teaching Standards would increase motivation in kindergartens | • The indicators within the Exemplary Teaching Standards were reviewed and linked with the value of physical activity                                                                                                                                                                                                                                                                                                                                                       |

Discussion

The findings of this study suggest that, while early childhood staff would benefit from increased support in the area of physical activity, there are a number of barriers preventing the effective delivery of this support. Additionally, it became apparent throughout the study that, while providing a suitable physical activity resource for early childhood is difficult given the limitations of space, time and finances in some settings, no resource would bring about change unless staff perceived physical activity and the development of fundamental movement skills as being important enough to warrant the use of their limited time.

This study found evidence of a strong commitment to professional development in each of the early childhood settings, as was indicated by their professional development structures. However, it also found that time, finances and motivation were key barriers to affecting change in physical activity knowledge, competence, confidence and practice in the early childhood settings participating in the study. These are similar findings to those from a study completed by O’Connor and Temple (2005), which looked at physical activity practices in family day care and found that, while care providers believed that physical activity was important, staff did not prioritise physical activity, because of a lack of ideas, interest or confidence. The resource and workshop aimed to address each of these factors.

This study also found that an effective physical activity resource should clearly indicate the aim of the resource and the age of the child the activities target. It should be simple to navigate and quick to use, colourful and appealing, have minimum set-up and equipment requirements, and include a range of activities to suit a number of constraints in settings, such as space and availability of adult direction.

Additionally, this study found that, while support information would be valuable—such as a rationale for promoting physical activity, visual directions for correctly completing skills, and the elements of an effective physical activity lesson—most staff would not use this information. Martin and Hands (2003) and Faucette, Nugent, Sallis and Mckenzie et al. (2002) documented a similar finding among early childhood staff practitioners.

Based on an evaluation of a professional development workshop conducted as part of this study, we found that the workshop had value in increasing the knowledge, competence and confidence of setting staff, with all participants reporting an increase in these areas in response to the professional development. It is possible that the positive feedback was because of the professional development being the result of formative
research, which increased participant motivation and enthusiasm as they had contributed to the content and format of the resource (Siegel & Doner, 1998). Another explanation is that the professional development was closely tied with each participant’s workplace goals and purposes, which has been shown to enhance professional development (Hoban & Herrington, 2004). It is also possible that the data collected from the professional development contains response bias, where participants may have written what they perceived to be the appropriate response.

Our findings suggest that the barrier of motivation may be overcome by professional development, and that this may be generalised across all settings. Furthermore, there is a role for pre-service training/courses in providing quality educational experiences for staff in the areas required for each of the settings. Undertaking this training beforehand may help in minimising some of the barriers that currently exist amongst trained staff. Overcoming barriers of time and financial constraints requires more creativity, and effective methods may differ between settings.

There were a number of limitations in this study. First, data was collected from a convenience sample and so it cannot be assumed that findings can be generalised to other settings within and beyond the area. Also, respondents were reporting on behalf of others and their opinions may not reflect the actual situation. Time, distance, and finances also limited the study. The study needed to be completed in one academic year and was being conducted by researchers based at an interstate university. However, data collection was rich and multifaceted, which increases the validity of findings (Mertens, 2005).

There is limited peer-reviewed research regarding physical activity and professional development in the early childhood sector. The findings reported in this study contribute to this body of literature by further illuminating the perspectives of early childhood setting staff with relevance to the barriers they face in implementing quality physical activity programs and in accessing professional development. These findings are valuable for informing the development of responsive resources and associated professional development, which will support the inclusion of quality physical activity experiences in childcare settings in the future.

Conclusions

To our knowledge this is the first Australian study to conduct a thorough formative assessment of the needs and interests of a range of early childhood settings in order to promote physical activity. A strength of the study lies in the understanding of the target environment and the depth of involvement of the target community in designing and reviewing the resource. This study provides a realistic picture of the barriers faced when implementing physical activity programs in early childhood settings. Although an aim of this research was to make specific recommendations for a professional development program for early childhood workers in each setting, our findings suggest that there are a number of aspects common across all settings. As such, it is recommended that programs include a core component with additional modules that cover topics specific to each setting as per Tables 1 to 4.

The development of the resource stemmed from these findings and will continue to be developed and evaluated in close consultation with the participating early childhood settings. Further research on effective professional development models for early childhood settings is required.

Acknowledgements

Colin Bell was supported by a VicHealth Public Health Research Fellowship.

Philip Morgan and Dylan Cliff for their involvement as part of the expert group.

Louise van Hewerden for coordinating between the sites, and for her support in accessing and communicating with the settings.

Melanie Nichols for providing data from the initial setting audits.

The early childhood workers and other participants who were involved.
### Appendix 1: Sequence of data collection

<table>
<thead>
<tr>
<th>Data collection method</th>
<th>Date</th>
<th>Participants</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit (Nichols, personal communication, 2006)</td>
<td>2005</td>
<td>66 FDC&lt;sup&gt;1&lt;/sup&gt;, 26 LDC&lt;sup&gt;2&lt;/sup&gt;, 51 Kinder&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Questionnaire requesting information on physical activity and nutrition practices and barriers. Response rates were: kindergarten 75% (38/51), long day care 73% (19/26), family day care 67% (44/66).</td>
</tr>
<tr>
<td>Pilot of draft physical activity lessons</td>
<td>Jan–Feb 2006</td>
<td>One Wollongong preschool</td>
<td>Implemented four lessons (2 sprint run, 2 overarm throw). Data collected: informal interviews with staff, written observations.</td>
</tr>
<tr>
<td>Observation</td>
<td>March 2006</td>
<td>R&amp;C&lt;sup&gt;4&lt;/sup&gt; committee members</td>
<td>Attended two R&amp;C meetings. Aim to increase understanding of the project. Also spent two days with R&amp;C coordinator. Data collected: written observations and notes.</td>
</tr>
<tr>
<td>Interview</td>
<td>March 2006</td>
<td>One Geelong Kindergarten Association (GKA) Executive Officer</td>
<td>Two interviews conducted with the GKA Executive Officer. Data collected: written notes, audiotape of interview, document on criteria for exemplary teaching standards, document from a conference regarding what primary teachers would like taught in kindergartens.</td>
</tr>
<tr>
<td>Interview</td>
<td>March 2006</td>
<td>One MCHN&lt;sup&gt;5&lt;/sup&gt;</td>
<td>MCHNs are part of the Romp and Chomp program. From this interview it was determined that it would be too difficult to expand one resource to include this service. Data collected: interview was audi-taped, written notes.</td>
</tr>
<tr>
<td>Interview</td>
<td>March 2006</td>
<td>Two LN&lt;sup&gt;6&lt;/sup&gt; staff</td>
<td>Data collected: written notes.</td>
</tr>
<tr>
<td>Setting visits</td>
<td>March 2006</td>
<td>One FDC, Two LDC</td>
<td>Data collected: photocopies of programs (long day care only), photographs of the outdoor environment and storage areas (long day care only), and written observations.</td>
</tr>
<tr>
<td>Focus group</td>
<td>March 2006</td>
<td>Four FDC support workers, Seven LDC coordinators</td>
<td>Data collected: audiotape of focus groups, written feedback on draft lessons and focus group questions (from 2 LDC staff), list of activities (from 1 LDC).</td>
</tr>
<tr>
<td>Expert group meeting</td>
<td>April 2006</td>
<td>Four physical education specialists</td>
<td>The expert group reviewed data and made recommendations for the resource and professional development.</td>
</tr>
<tr>
<td>Feedback on draft resource</td>
<td>May 2006</td>
<td>Expert group</td>
<td>Provided written feedback to research student.</td>
</tr>
<tr>
<td>Feedback on draft resource</td>
<td>June 2006</td>
<td>R&amp;C coordinator</td>
<td>R&amp;C coordinator provided feedback from setting staff.</td>
</tr>
<tr>
<td>Professional development</td>
<td>August 2006</td>
<td>R&amp;C coordinator, three LN, one FDC, one Kinder six LDC</td>
<td>Questionnaires on perceived changes in attitudes and knowledge, and perceived value of each component of the workshop (RR 100%). Written observations.</td>
</tr>
<tr>
<td>Feedback</td>
<td>Ongoing</td>
<td>R&amp;C coordinator</td>
<td>Data collected: meeting minutes, emails and written notes.</td>
</tr>
</tbody>
</table>

<sup>1</sup> Family day care  
<sup>2</sup> Long day care  
<sup>3</sup> Geelong Kindergarten Association kindergartens  
<sup>4</sup> Romp and Chomp  
<sup>5</sup> Maternal and Child Health Nurse  
<sup>6</sup> Leisure Networks
References


Improving processual quality in early education and care: Process findings from the evaluation of the Benevolent Society’s Partnerships in Early Education program

kylie valentine
Cathy Thomson
University of New South Wales

THIS PAPER DESCRIBES THE FACILITATORS and barriers to implementing an attachment-based intervention in early education and care settings, the Partnerships in Early Childhood program (PIEC), based on findings from the process evaluation of its first year of implementation. The paper focuses on four areas: the nature of the partnership and program management; implementation; facilitators and barriers to change; and perceived changes and benefits of the program. PIEC uses existing services as the basis for providing enhanced care to disadvantaged children, and its challenges and successes suggest important lessons for the design and delivery of initiatives to improve the processual quality of care in formal settings.

THE QUALITY OF EARLY education and care (EEC) available to Australian children is gaining public and policy attention. A Treasury document on EEC, released in early 2007, focused largely on questions of cost, with ‘quality’ receiving only a brief mention (Davidoff, 2007). In contrast, the Australian Labor Party’s early childhood policy, released later that year, emphasised the importance of improving the quality of child care through workforce development and regulation (Australian Labor Party, 2007). Two key factors highlighting the need to monitor and improve quality in child care are concerns about the impact of increasing corporatisation of ECC (Brennan, 2007; Rush, 2006), and growing recognition of the benefits of high-quality programs for disadvantaged children (Ochiltree, 1995; Shonkoff & Phillips, 2000; Sylva, Melhuish, Simmons, Siraj-Blatchford & Taggart, 2004; Yandell & Hewitt, 1995).

Much of the attention generated around debates about the quality of EEC services focuses on regulatory or structural aspects, such as staff–child ratios, group size and staff qualifications. These structural aspects of quality are those that governments and regulatory agencies are expected to control. A set of minimum standards regulates the provision of childcare services, though they are argued to be inadequate (Cahir, 2007; Fisher & Patulny, 2004). In contrast, processual dimensions of quality, including the nature of staff–child relationships and interactions, developmentally appropriate activities and curricula, receive little consideration in debates about regulations and enhancing quality. However, strategies to improve quality, such as attachment-based interventions, can involve a focus on processual dimensions, without any change to the structural aspects of ECC services.

This paper describes the facilitators and barriers to implementing the Benevolent Society’s Partnership in Early Childhood (PIEC) program, an attachment-based intervention. The success and challenges of this project are of interest for four key reasons. First, the program aims to improve quality without changing the structural aspects of EEC services. Second, as a partnership between children’s services providers, EEC services and the Benevolent Society, the project model is a relatively novel attempt to improve the quality of early education and care provided to disadvantaged children. Third, as a relationship-based intervention designed to reduce problem behaviours, the aims of PIEC are similar to established, behaviour-based programs such as the Triple-P Positive Parenting Program (Sanders, 1999) and The Incredible Years (Webster-Stratton & Reid, 2002) but with a different, less intensive approach with smaller unit costs. Finally, data from the process evaluation reveals the types of new practices and supports that EEC staff endorse, and the challenges of implementing practice change within EEC settings.
Partnerships in early childhood

PIEC is funded under the Commonwealth Department of Family and Community Services ‘Stronger Families and Communities Strategy, Invest to Grow’ (2004–2008). The Benevolent Society works with Wyong Shire Council, Campbelltown City Council, KU Children’s Services and Lady Gowrie Child Centre to deliver PIEC in 14 EEC services. PIEC has been operating since 2005 in long day care centres and preschools in communities on the NSW Central Coast, and in Sydney’s south-eastern and south-western suburbs.

PIEC is developed from Bowlby’s (1988) theory of attachment, and research indicating that the quality of relationships between young children and their caregivers are central to the child’s later wellbeing. ‘Securely’ attached children discriminate between trusted caregivers and other adults; are able to separate readily from their parents or primary caregivers; and seek comfort when distressed. Typologies of attachment developed from Bowlby’s work by Ainsworth (1978) and others represent three ‘classic’ insecure attachment styles: ambivalent (very distressed at separation from parent but not comforted by their return); avoidant (seeks little comfort from parent/primary caregiver and shows little discrimination between caregivers and other adults); and disorganised (a mixture of resistant and avoidant behaviours). Very severe disruptions to attachment are described in clinical criteria for Reactive Attachment Disorder (American Psychiatric Association, 2000) although there is debate around whether these symptoms are best understood as a problem ‘within’ the child or as a problematic relationship (Boris & Zeanah, 1999). Research suggests that disorganised attachment is increased in families with parental ‘risk factors’ such as poverty and maltreatment, and that disorganised attachment is linked to externalising behaviour problems, especially in disadvantaged populations (Boris & Zeanah, 1999). Secure attachment relationships have been shown to be predictors of social competence, better relationships with teachers and less likelihood of behaviour problems (Warner, Grossmann, Fremmer-Bombik & Suess, 1994). Attachment relationships are formed between children and their caregivers in EEC, and these relationships are important to the development of children’s resilience, autonomy and transition to school (Rolfe, 2004). Children who have secure relationships with their caregivers display more competent interaction with adults and more advanced peer play in EEC settings and school (Howes, 2000; Ladd & Burgess, 1999). It is important to emphasise that attachment is not an attribute of a child, but a dimension of a relationship, and that sensitive responses by caregivers to children’s emotional needs are predictors of children’s behaviour and competence (Rimm-Kaufman et al., 2002). Attachment relationships are therefore important to children’s experience, including the experience of transition to school (Pianta, 1997), and have long-term effects.

PIEC adopts training, resources and staff supervision models from the Circle of Security intervention (Marvin, Cooper, Hoffman & Powell, 2002), which incorporates the concepts of a ‘secure base’ and a ‘haven of safety’ (Ainsworth et al., 1978; Bowlby, 1988). A child and family worker, employed by the Benevolent Society, works in the EEC centre to provide training to staff in attachment concepts that relate to children’s exploratory and security needs. The program also aims to support families in relationships and parenting, through connecting isolated families and linking them to appropriate local services and programs. In its first year of operation, the main activities initiated by PIEC were:

- **Playspaces**: staff were rostered to be seated at an activity in a designated area during specified times of the day. Letters were sent home to parents informing them of the introduction of playspaces and encouraging them to take their child there in the morning. Playspaces are designed to provide a predictable environment during ‘transition’ times of the day (for example, separation and reunion).
- **Training for staff in group and individual sessions**, with the aims of changing staff knowledge and understanding, through supporting them to think about children’s behaviour in terms of social and emotional need rather than control; and changing staff behaviour through encouraging practices that make them more predictable and emotionally available to children.
- **Information and support for parents**: parent information and education sessions were held in all centres, and in some centres such as supported playgroups were held. Referral to services is offered to parents who need it. In some cases PIEC staff worked quite intensively with parents, including home visits.

The PIEC theory of change is that building staff capacity and encouraging them to think about child behaviour in terms of social and emotional need will lead to staff being more predictable and emotionally available. The program will similarly support parents and children, and also help them in gaining access to services they need. Children will become more securely attached and externalising behaviour problems will decrease, with long-term benefits.

This paper describes the facilitators and barriers to the implementation of PIEC, with a focus on the nature of the partnership and program management; implementation; facilitators and barriers to change; and perceived changes and benefits of the program.
Methodology

Researchers from the Social Policy Research Centre are evaluating PIEC. The components include an impact evaluation of outcomes and a process study of implementation. The evaluation period is 2005–2008, with three primary rounds of data collection for the impact evaluation and two rounds of data collection for the process evaluation. The overall aims of the evaluation include: to provide information that monitors, assists and supports the further development and refinement of the PIEC project (formative/process evaluation); and to assess effectiveness of the PIEC project by monitoring the achievement of positive outcomes for children and families (summative/impact evaluation). This paper focuses on the experience of implementing programs within EEC services rather than on the effectiveness of one specific program. It details findings from the first round of data collected from the process evaluation of PIEC and lessons from the implementation. Findings from the first round of impact evaluation are available elsewhere (Thomson, Longden, Harrison & Valentine, 2007) and final data from the evaluation has been available since late 2008. The process evaluation is being conducted in six sites, two in each of the three areas. Table 1 summarises the number of participants interviewed for this first round, which took place between August and December 2006 and focused on the experience of the first year of implementation. Interview participants were asked about the implementation of PIEC, barriers and difficulties, and perceived changes. Interviews were recorded and loosely transcribed (not transcribed verbatim in all cases but summarised with key sections of the interviews transcribed). The interview notes and transcriptions were analysed thematically. Interview schedules were designed to elicit information to answer the evaluation questions, and to allow participants to discuss the concerns and issues most important to them, as these were likely to be most important in the implementation of the program.

Partnership and program management

As described above, PIEC is an innovative model involving new relationships between children’s services providers from local government and not-for-profit organisations, the Benevolent Society, and EEC directors and staff. Perhaps unsurprisingly, these relationships presented challenges. In some cases provider organisation staff were concerned about a lack of clarity in the PIEC worker’s role. Similarly, EEC directors and Benevolent Society staff reported that the roles and responsibilities of provider organisations in preparing centres and supporting staff were not always clear. In some cases providers had been very active, in other cases their roles had been quite minimal. Often, existing policies were not really useful in setting out the responsibilities of the PIEC workers, their relationship with EEC staff and directors, and how best to respond to complex (but not uncommon) scenarios. This meant that documentation and policies had to be devised during, rather than prior to, implementation. These new policies include protocols and guidelines outlining the orientation and induction process for PIEC staff and EEC staff, defining the role of the PIEC worker, and allocating tasks around communication and record-keeping.

In some cases the uncertainty and disagreement around the role of the PIEC worker caused tension between EEC staff and PIEC workers, illustrated in this director’s comment:

*In the beginning there was a very definite feeling in the staff that ‘this is our centre’ and ‘who’s this person coming in to tell us what we should be doing’. There were lots of issues about confidentiality. The staff were very protective of how much... this person [should] have access to our records, and we sat down really early on and said ‘this is how it’ll work’.*

Guidelines and protocols have been important in standardising the implementation of the program across areas, particularly as the role of the PIEC workers and project leaders in supporting staff and changing practice can be quite delicate at times.

Table 1. Interview Participants

<table>
<thead>
<tr>
<th></th>
<th>All areas</th>
<th>NSW Central Coast</th>
<th>East Sydney</th>
<th>South-west Sydney</th>
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<tr>
<td>Key personnel (partner organisations, Benevolent Society, PIEC staff)</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
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<td>Directors</td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Childcare/preschool staff</td>
<td></td>
<td>4</td>
<td>8</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Families</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>9</td>
<td>15</td>
<td>8</td>
<td>43</td>
</tr>
</tbody>
</table>
In the centres, directors were supportive of the PIEC program and felt involved in its implementation, although initial communication of the program had not always been clear. There seemed to be a high administrative burden in being involved in PIEC meetings and planning, with the project taking up most or all of allocated administration time. No-one reported that this had an impact on the program or the operations of the centre, but only because the usual administration tasks were done in directors’ own time.

**Program design and implementation**

PIEC is multidimensional and involves changes to activities in the centres, training for staff, support for parents, and, in one area, the introduction of Occupational Therapy and speech therapy programs into centres. Each area had a slightly different focus within these dimensions in its first year, and there were also differences between centres within areas. The implementation of PIEC is then characteristic of the experience of combining locally responsive activities and standard program activities. As with other interventions (Fisher, Thomson & Valentine, 2006; National Evaluation of Sure Start, 2002), there were advantages in having PIEC ‘start where the centre was at’ and implement activities according to centre priorities. Most particularly, this used the skills and expertise on the ground in different locations and allowed PIEC and EEC staff to determine what was needed. However, in this kind of strategy there is a risk that the theoretical framework of PIEC gets lost as the program changes from one area to the next. Another risk is that attachment relationships and changes to practice become the focus only in areas where other needs are not identified, as PIEC focuses on family support and therapy services where the need for those services are identified. The danger of this is indicating to EEC staff and providers that secure attachment relationships are not important, or that this area should be addressed only when every other need has been met.

Despite these variations in emphasis of PIEC program activities, all PIEC staff provided support, information and training, informally or through formal training sessions on attachment theory and the Circle of Security. PIEC staff provided support to EEC staff by observing interactions between staff and children, and between parents and children, providing feedback in the form of alternative strategies or information, and intervening when necessary. Staff universally valued the PIEC worker as an additional resource.

*She’s not only there watching, she really becomes a part of what’s going on and she’s been able to jump in when it’s needed in any situation […] sometimes we just look at her and we know that she’s there and that’s given us a lot of support […] I’ve seen the parents approach her and she approaches parents when she sees the situation’s kind of difficult, especially separation. And she tries to provide parents with techniques to separate.*

—EEC staff

There was broad consensus that commitment from the provider organisations was vital if the program was to be successful, and this appeared to be stronger where there was a sound understanding of its theoretical and practical dimensions. PIEC staff also emphasised the importance of providing groundwork via training sessions to management and EEC staff. In a few cases PIEC staff had very little experience in attachment theory and its applications, and interview participants also emphasised the need for training in this area prior to placement in the centres.

Time management is difficult for PIEC workers as they have to balance time in the centres with time in administration and planning and, in some cases, conducting training sessions for partner organisations and children’s services staff. Generally, PIEC workers were satisfied with management structures and their relationships with partner organisations, centre management and the Benevolent Society. Most felt they were well-supported, with some variation between areas. It was evident that orientation and implementation processes had improved over time, but most acknowledged that this was an evolving process requiring adjustments and revisions.

Interview participants from EEC centres, provider organisations and the Benevolent Society argued that a program such as PIEC needs to be introduced gradually, while accommodating the particularities of individual centres, staff and relationships. In most of the centres implementation caused confusion and uncertainty amongst staff, although this was fairly minimal in some cases. Gradual introductions of the PIEC worker and activities into the routine operations of the centre were welcomed; for example, a PIEC worker attending a staff meeting before starting work in the centre. Directors emphasised the importance of staff ‘ownership’ of changes. They argued that new strategies have to be centre-specific because a lot depends on individual staff: how long they have been in the field, how open to change they are, and how confident in their own practice they feel.

In some cases, according to interview participants, the PIEC program was initially described to staff as something to support them, with little detail. EEC staff were not then well prepared for what the program actually involves, which includes observation of their work practices and advice on how to change it. Some staff felt they could be better supported in other ways. PIEC’s approach was greeted with some scepticism, not because of anything particular about it, but because
of changes over time in theories and practice of child care. For experienced staff and managers who have been in the field a long time, the program is one in a long line of innovations. That said, PIEC staff noted a discernible change in staff willingness to embrace the program when training in attachment and Circle of Security was provided.

Training and information about new EEC-based programs is always challenging, as staff have little time and are often very busy. One option tried in PIEC was evening training sessions, but these were not universally regarded as the best solution by staff who felt a two-hour meeting at the end of the work day was hardly an acceptable way to learn about new programs. Completion of the survey instruments for the outcomes component of this evaluation also took a lot of time, which may have had an impact on staff goodwill and engagement with the program.

**Barriers and facilitators to change**

The extent to which new programs based in existing services can be effectively implemented depends in part on the characteristics of those existing services and their receptiveness to change. Although it is not possible to determine precisely the conditions for effective implementation, the following seemed to make a difference:

**Security and respect**

Research into change management in human services agencies shows that changing practice can be difficult to accomplish (Nutley, Walter & Davies, 2003). We found that, in workplaces where staff felt their expertise and practice knowledge was respected during the introduction of the PIEC program and the PIEC worker adapted to the centre's operating culture, implementation seemed to have been smoother than in other sites.

**Time taken to build relationships**

Directors and staff reported that parents and children need time to adjust to new faces, including the PIEC staff. In some cases rapport between parents and EEC staff has been built up over many years and parents feel comfortable in turning to staff they know for advice and support. Equally, EEC staff practices of reacting to children's behaviour and managing relationships with parents may have developed over a long time. Because the PIEC worker is expected to intervene in, or at least contribute to, relationships between staff and parents and between staff and children, it seems reasonable to assume that it will take time to build knowledge, relationships and trust.

**Gradual introduction of changes**

A number of EEC staff reported that one reason PIEC works well is because it reconfigures rather than reverses usual practice. PIEC is seen to give more depth and detail, or to provide a new vocabulary or theoretical basis for practice knowledge, or to introduce subtle changes. It is also seen to value the work EEC staff do in relation to children's social and emotional needs, and to recognise that this work is just as important as other kinds of work, such as developing children's cognitive skills. For example, staff in one site reported feeling affirmed as well as getting new information—'I'm getting more of a feedback. It's kind of like having that extra pair of eyes, extra pair of ears, and they can fill you in.'

There were also a number of characteristics of PIEC workers that appear to foster change and acceptance. This happened when the PIEC worker:

- adopted the practices that are usual to the centre/preschool
- was familiar with early childhood settings and PIEC’s theoretical basis
- occasionally assisted with cleaning, caring and routine duties
- worked as part of the team
- was unobtrusive
- took time to get to know the staff and parents.

These characteristics were found in most sites, and the PIEC workers were welcomed as valuable additions in all areas. One centre director described tactics that had been used successfully:

> For a [PIEC] worker to be really effective, the worker sort of holds back and takes their cues from the staff, and doesn’t go in with, ‘I have an answer for your problem and this is what you need to do’ […] It’s helped with the reflection of the staff, it’s given them room to grow in terms of their own reflection.

One possible downside of this is that good relationships with staff and children may blur the boundaries between PIEC staff and EEC staff over time. When PIEC staff lend a hand in routine tasks, this can help foster goodwill and trust, but also risks the expectation that PIEC staff will always be able to act as an extra staff member. This is likely to be a particular danger in centres where resources are stretched and staff shortages common.

Resistance to changing practice was evident when EEC staff reported that their knowledge of what works for individual children is better than the model of care proposed by the PIEC program. For example, nurturing and responding to children's needs is central to the program and one of its aims is to change practice
to respond differently to children with ‘problem’ behaviour, to be more nurturing, more responsive to children’s vulnerability, and less controlling. Some staff, however, reported that their practice is already nurturing and responsive to what is best for particular children, and that PIEC staff suggested strategies for responding to children that had already been tried. These and similar reported scenarios illustrate the challenges in encouraging change while respecting practice knowledge. To address this, engagement with staff may need to be at the theoretical as well as the practical level, and training in children’s needs should reflect and make use of staff knowledge about behaviour and development. In two of the three areas, management of children’s behaviour was raised consistently in the evaluation interviews. This suggests that PIEC’s logic of building attachment relationships to reduce externalising behaviours addresses a key concern of EEC staff, but in ways that are relatively unfamiliar.

Change seemed to have been easiest in sites where there was a focus on the theory behind the PIEC program and the emphasis on relationships and children’s needs. Concepts such as the Circle of Security and playspaces were initially unfamiliar but in most cases have been welcomed over time. One director commented:

*With some staff the knowledge that’s used around Circle of Security’ became a little overwhelming at times. So we spoke to the workers about putting it into the context of what we do in a day, to be able to explain it. So instead of just using this Circle of Security where we go in and out, using a child that they know or getting us to have a situation so you can explain the process better […] giving it a real experience.*

When EEC staff did recognise attachment in practice it was described, more than once, as ‘like a light going on’. For some staff this occurred as a result of training and information sessions, while for others it occurred while observing children and their interactions. In a number of sites the easiest and most effective way to introduce the PIEC program was to emphasise the new language for existing practices and the development of what was already in place.

Directors were key influences in how the program was promoted and integrated within the centres. Support from the directors made support from the staff more likely, as it provided better conditions to learn about the program and make changes. One PIEC worker commented:

*If someone sees the value of PIEC […] and is willing to try and integrate that then it works, but if people see it as an imposition […] then it feels like another thing put on top of them and another thing that has to be done.*

Limited time available for PIEC staff to talk to EEC staff, and for EEC staff to step back and reflect on the information provided by PIEC staff, was a common issue raised in the interviews. There are considerable physical and emotional demands placed on EEC staff in their day-to-day work environment, and these were acknowledged by PIEC staff, who used strategies such as changing their own centre-based hours in response. These working conditions made it difficult to have group training sessions or one-to-one time to discuss and reflect on changes in practice, as EEC staff could not be taken off the floor unless covered by relief staff or paid overtime to attend after-hours meetings. PIEC staff often had to discuss interventions and changes in practice with EEC staff while they supervised children in the playground or attended to their physical needs—’[You have] half a head in the conversation and a half a head looking at what’s happening.’

Implementing a program such as PIEC requires considerable skills on the part of PIEC staff. They require sound theoretical knowledge of attachment theory and the Circle of Security intervention, the ability to work in two organisations (the EEC centre and the Benevolent Society), and the skills to bring about practice change. These requirements made implementation challenging in all areas and delayed it in one of the three.

The PIEC program also aims to link families to services and support, and this proved to be difficult in many cases. Again, it is not possible to determine the exact reasons for this difficulty, but there are two likely reasons. The first relates to the difficulties generally faced in attempting to connect families to services. Families thought to need services and support often already have them, and there are often complex reasons when families in need of support do not have it. Disadvantaged families especially, and those with a number of different needs, present challenges to all services, including early childhood services (Liabo, Gibbs & Underdown, 2004; Moran, Ghate & van der Merwe, 2004). The question of what to deliver, and how, when working with families is also important. There is some evidence that starting ‘where the family is at’ and tailoring services to individual needs can be effective, but at the same time there is an increasing emphasis in policy and practice on introducing standardised services and support models that are known to be effective (Watson, 2005). The second reason is time. Typically, bringing about changes through direct interventions with parents takes time, and works best when there are specific, clearly defined goals, which may also take some time to devise (Moran & Ghate, 2005). The PIEC program is being evaluated over a relatively short time, and evaluations of other programs suggest that this may not be sufficient to show significant change in outcomes that relate to parenting or access to services (Carpenter, Griffin & Brown, 2005; Thomson, valentine, Hoffmann & Fisher, 2004).
These dilemmas are particularly pressing for the PIEC program, which is based both on a standardised theory-driven model and an emphasis on responsiveness and relationships. In addition, as noted above, EEC services have had different emphases and focused on different aspects of the PIEC program—some centres introduced playspaces immediately, others focused on connecting parents to support. Centres have changed the format and content of what is being delivered in order to better respond to the characteristics of parents in the area and aid retention in the programs.

Interview participants reported promising signs and increasing engagement of parents with both services that PIEC is running (such as coffee mornings and parenting information sessions) and services that PIEC has brokered (such as speech therapists coming into the centre/preschool). However, PIEC staff acknowledged that establishing connections with families was difficult when they are in the centres or preschools only part-time, and parents are usually rushing to either drop off or pick up their children. There was broad recognition that establishing relationships with parents takes time and may require different strategies.

**Perceived changes and benefits of the program**

Results from the impact evaluation indicate that midway through the evaluation (November 2006) PIEC had brought about a number of changes. There were positive changes in staff ratings of their relationships with children; a reduction in parent-reported dependency ratings; a reduction in one area of staff-reported conflict ratings; a reduction in total difficulties scores in child social and emotional development; and an increase in staff ratings of how comfortable children are in the centre—and in all cases these changes were statistically significant (Thomson, Valentine, K., Longden, T., & Harrison, L., 2007). The process evaluation also asked about perceived changes and benefits of the program.

A number of directors stated that having the PIEC program in their centres ‘lightened their load’ in terms of providing information to staff and parents and making referrals to external services and groups. The introduction of the PIEC program has led to a perceived increase in staff’s reflective capacity and changed the language staff use in relation to children’s social and emotional development. Many EEC staff now reflected on how they worked with the children, how they formed attachments and developed trust, and they were more willing to just spend time with children, at their level, playing on the floor.

It makes you more aware of the needs of the children […] The [PIEC] worker has been really big on children’s emotional development, and the children here often have lots of other needs, so that’s made me a bit more conscious of what’s happening in their families […] you’re a bit more understanding of the families and children.

—EEC staff

I think it means that we’re a lot more mindful of children’s social and emotional stability and how to achieve that, and we’re consciously thinking about how we can meet this throughout the day, and that’s made us a lot more mindful.

—EEC staff

For some EEC staff the introduction of playspaces has meant they have a greater capacity to observe the children and focus on their needs as they move in and out of activities.

When we’re sitting down in the playspaces we can actually have a wide view […] and then we can detect any situation that may come up. We can cover a smaller area because the other person on the other side is covering that area.

—EEC staff

One staff member noticed that the people in her room seemed less stressed as a result of the introduction of playspaces:

I’ve noticed people aren’t as stressed in my room. It’s a little bit more calm because the kids are settled and we’re settled and vice versa, and we know that at that time it doesn’t matter what else is happening in the centre; this is our time, it’s quite a nice, relaxing start to the day and throughout the day.

Another positive change as a result of the PIEC program is that staff feel more supported in their often emotionally and physically demanding work. For example:

Sometimes I might be too close to the situation and she [the PIEC worker] can stand back a little bit. She’s also good for staff in terms of observing a child. She can go into the room and stand back and not have to worry about the day-to-day what’s going on, and see things that we don’t see. Then she can then relay back to staff, she’s not part of the ratio.

—Director

The PIEC staff supported EEC staff by providing information, being present in the room to observe interactions, providing hands-on assistance, and being available to research and discuss issues and provide feedback.

In one area, where the PIEC program has focused more directly on linking families with the services, EEC staff noted that they now were more aware of the range of services available to support families in the local area.
One director commented:

Our referrals now, instead of bouncing somebody and [external service providers] say they can’t help you, we’re making more meaningful referrals because the [PIEC worker] took the time to go round and meet everyone in the local area.

As a result of PIEC, some parents had been linked into additional services such as libraries and playgroups, and PIEC staff had helped individual families organise additional funding and support for their children.

EEC staff reported that one of the main benefits of PIEC for children was having an extra person who had the capacity to just focus on their needs and interact with them, without having to look after their physical needs or the surrounding environment. According to some EEC staff, strategies such as playspaces and separation techniques have provided children with a more comfortable and safe environment, which helps them develop self-confidence. For example:

More and more children are building that relationship. It’s the security, they know that someone’s going to be there, and when they come in the morning they’re quite happy to, kind of, separate if someone’s there with them. It’s an easier transition; they’re more eager to go out [and] have a play if they know that someone’s there for them; it builds their confidence and their social skills.

—EEC staff

Conclusion

We noted in the introduction to this paper that the quality of EEC provided in Australia is receiving growing attention. The Commonwealth Government’s agenda has identified high-quality, accessible and affordable integrated EEC as a priority, and stated ambitions of improving quality and access for disadvantaged children. In such an environment, the lessons of PIEC are important as the program aims to improve processual quality with particular benefits to disadvantaged children and their families.

Findings from the process evaluation of PIEC indicate that there are considerable challenges to changing practice in EEC settings. These include difficulties inherent to any attempt to change the way people do their jobs, as well as difficulties that may be particular to EEC settings, or at least especially pronounced there. Supporting change while respecting expertise is difficult, as is encouraging staff to work differently with children with ‘problem’ behaviour. Those involved in PIEC acknowledge these difficulties, and are working to address them, but it seems likely that any new program based in EEC settings will face these or similar challenges. New programs or strategies should, by this logic, allow sufficient time and resources to introduce change gradually and provide support to centre management, EEC staff and program staff.

The implementation of PIEC also indicates that there seems to be considerable potential in programs of this type. As it is based in existing services and caregiver–child relationships, PIEC builds on the established benefits and strengths of EEC. Even in cases where they are yet to be totally convinced of the benefits of playspaces and the logic of attachment theory, EEC staff and management welcome PIEC staff as an additional and valuable resource, providing the opportunity to be more reflective and think about their work in new ways. Beyond this, the focus on children’s emotional needs and relationships also appears to be promising. Attachment-based interventions are relatively uncommon in Australia, and the evaluation of PIEC is ongoing, but the interim results of the impact evaluation and the perceived benefits of the program suggest that these kinds of programs may be useful in EEC and other settings. As recognition of the possible benefits of EEC for disadvantaged children continues to grow, interventions to improve the processual dimensions of quality in EEC settings should also be recognised and supported.

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