Improving access to urban and regional early childhood services

Resource sheet no. 17 produced for the Closing the Gap Clearinghouse
Vicki-Ann Ware
August 2012

Summary

What we know

- The literature on how to improve Indigenous access to early childhood services consists mainly of program descriptions and documented practice experience, with a limited number of formal program evaluations.
- Accessible early childhood services fulfil four overlapping dimensions. They are physically accessible; economically accessible (affordable); appropriate (comprehensive and non-discriminatory); and acceptable (respect and acknowledge culture).
- The literature suggests that there are five types of barriers to accessible early childhood services: individual; program; provider; social and neighbourhood; and cultural.
- It is not sufficient to just improve access—engagement strategies are also necessary to get families involved in the services that may benefit them.

What works

Much of the available literature on accessibility is descriptive rather than evaluative. Therefore, few program evaluations are available that assess what works to improve the accessibility of early childhood services for Indigenous Australians in urban and regional areas. Rather, the available literature identifies the following principles and practices that ‘show promise’ (that is, receive sustained and consistent positive feedback from workers, participants and other stakeholders as a means of promoting access).

- Providing culturally secure services which honour and incorporate Indigenous childrearing and other practices.
- Providing cultural training for non-Indigenous workers.
• Providing continuity by engaging with parents from pregnancy onwards.
• Continuity of services and engagement with families from pre-pregnancy through to middle childhood within the one agency or location.
• Involving local Indigenous community in planning and delivering services.
• Providing services in a friendly setting, close to where Indigenous clients live and conduct their daily activities.
• Having a staff member within an agency who advocates for and promotes a program across one or more service providers.
• Long-term, stable funding and delivering long-term programs.
• Employing both Indigenous and non-Indigenous staff.
• Offering the choice of Indigenous-specific and mainstream services.

What doesn’t work

Program descriptions and a small number of evaluations suggest that early childhood services are typically inaccessible for the following reasons.

• Lack of respect for and practical acknowledgement of distinctive Indigenous childrearing practices.
• Frequent turnover of staff, leading to clients being unable to build the relationships with service providers that generally encourage clients to visit the service.
• Insufficient or inappropriate training and ongoing support for Indigenous staff.
• Short-term funding that can lead to initiative fatigue, which de-motivates Indigenous families from engaging in new programs.

What we don’t know

• Some studies suggest that there is a range of existing Indigenous practices that will improve cultural security of services, which is shown to be a crucial factor in improving access to services in urban areas. However, interviewees in these studies highlighted that a lack of evidence of their effectiveness hampers the ability of service providers to obtain funding for these alternative approaches. There is a need for researchers to explore these mechanisms and practices to provide an evidence base demonstrating their efficacy and appropriateness.

Introduction

There is now a well-established evidence base demonstrating the benefits of early childhood services relating to preventing developmental delays and enhancing school readiness, literacy, numeracy and social skills (Benzies et al. 2011). This period for a family and for individual children also presents a strategic opportunity to enhance children’s and families’ health and wellbeing outcomes well into adulthood (Dwyer et al. 2004; Kildea et al. 2010).

There are several data sets that provide very different estimates of Indigenous access to and participation in early childhood services. Wave 2 data from the Footprints in Time study (FaHCSIA 2010:37–8) suggest that 89% of the study sample had accessed health and other services for their children. Yet other available service usage data consistently suggest that Indigenous Australians have a relatively low uptake of early childhood services, even where such services may be deemed as readily available (Biddle 2007; Productivity Commission 2011; SNAICC 2011; Thorpe et al. 2011).
An example of this is the relatively lower levels of participation in preschool, as demonstrated by Baxter and Hand (2012:38 forthcoming), shown in Table 1.

### Table 1: Indigenous status and children’s non-participation in early childhood education in the year before full-time schooling

<table>
<thead>
<tr>
<th></th>
<th>Indigenous Per cent</th>
<th>Non-Indigenous Per cent</th>
<th>Total Australia Per cent</th>
<th>Total sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEDI</td>
<td>21.0</td>
<td>10.3</td>
<td>10.8</td>
<td>236,284</td>
</tr>
<tr>
<td>LSAC</td>
<td>26.2</td>
<td>6.1</td>
<td>7.1</td>
<td>3,005</td>
</tr>
<tr>
<td>NSPCCC</td>
<td>30.6</td>
<td>17.6</td>
<td>17.9</td>
<td>1,637</td>
</tr>
</tbody>
</table>

Sources: Australian Early Development Index (AEDI) 2009; Growing Up in Australia: Longitudinal Study of Australian Children (LSAC) 2008; National Survey of Parents’ Child Care Choices (NSPCCC) 2009.

While the majority of Indigenous Australians live in urban and regional settlements, there are even more limited data specifically detailing their uptake of services in these areas, with most studies focusing on the challenges of remote communities. However, Flaxman and colleagues’ evaluation of the Stronger Families and Communities Strategy 2004–2009 did find that, while Indigenous families are accessing some Indigenous-specific services (which are more limited in number), the research suggests that they rarely access mainstream services. Therefore, ‘improving access to mainstream services in urban locations is particularly challenging’ (Flaxman et al. 2009:11). Note that Flaxman and colleagues’ study only had limited coverage of mainstream services, as it focused primarily on services funded under the Stronger Families and Communities Strategy.

This resource sheet draws on about 30 studies to explore practical ways to improve access to a range of early childhood services for Indigenous Australians living in urban and regional centres. While most studies are Australian, international evidence has been incorporated where appropriate. There are few evaluations that test whether and how different strategies and mechanisms contribute to improved accessibility. We are therefore reliant upon documented practice experience in drawing out this resource sheet’s findings and principles.

This resource sheet focuses on how to improve access to early childhood services located in metropolitan regions and large country towns, because this is where the majority of Indigenous people live (Productivity Commission 2011). However, many studies do not differentiate urban from remote geographic contexts in reporting on effective strategies. Therefore, strategies that appear to be most appropriate to urban and regional settlements have been reported here, while those pertaining particularly to remote areas are not covered. Many of the strategies that are described here may also apply equally in remote settlements, with consideration of additional access challenges; for example, distance from services and difficulty attracting staff to remote townships.
Background

This section briefly discusses the concepts of access and engagement, and defines early childhood services, before outlining the barriers and facilitators of accessible services for Indigenous families and children.

What are early childhood services?

Early childhood services include a vast array of childcare, health and welfare, and education services targeted to children and families in the preschool and transition-to-school years (0–8). These can include:

- kindergarten/preschool and similar programs designed to facilitate the transition to school
- playgroups and toy libraries
- child care and crèches
- parent support groups, including parenting skills classes and mother/father support groups
- nutrition and other health promotion services (for parents and young children)
- immunisation and health screening, including antenatal and postnatal checks, and screening for specific conditions/illnesses/disabilities, with referral to other appropriate services.

Research has shown that where families access such services, children have better outcomes on a range of measures such as cognitive development, social skills, nutrition and physical health (Wise et al. 2005).

The literature also strongly points to the continuity between antenatal and childbirth services on the one hand, and early childhood health and education on the other as an important factor in improving access to and utilisation of early childhood services (Dwyer et al. 2004; Flaxman et al. 2009). This resource sheet therefore refers to these types of services, where relevant, to exploring access to early childhood services.

What access is

While the term ‘access’ may at first seem straightforward, the early childhood literature reveals a multi-dimensional concept. Accessible early childhood services create opportunities for families and children to participate; are affordable, suitable and of sufficient quality; allow sufficient time for families and children to participate; and enable families to fully experience all the benefits of a program (Baxter & Hand 2012 forthcoming; Press & Hayes 2000).

Additionally, early childhood services need to be appropriate and acceptable (AHRC 2009). Appropriate services are non-discriminatory and comprehensive (that is, holistically meet the needs of the participating children). Acceptable services are culturally secure (that is, sensitive to and respectful of Indigenous cultures and practices, and facilitate the maintenance of cultures as much as possible). Arguably, appropriateness and acceptability are the most important determinants of Indigenous families’ utilisation of early childhood services (AHRC 2009).

While these dimensions of accessibility can be quite difficult to measure, Liddell and colleagues (2011) suggest one useful proxy-measure for assessing the degree to which a mechanism improves appropriateness and acceptability:

…the acceptability and appropriateness of [a] program [can be] judged by people’s willingness and enthusiasm to participate along with their perceptions of relevance and benefit (Liddell et al. 2011:105).
Improving access to urban and regional early childhood services

What access is not

Some initiatives to improve access to services are based upon the belief that simply increasing the number of services available will deliver equal access for Indigenous Australians. However, research clearly demonstrates that:

…simply increasing the number, scope and capacity of services targeting Aboriginal and Torres Strait Islander families will not necessarily result in higher levels of access or engagement (SNAICC 2010:2).

Strategies to improve access (that is, not only getting people through the door, but also engaged with a service) must include many facets. In a study of hard-to-reach client groups, Cortis and colleagues found that:

Community context, service type and approach, and targeting and engagement strategies all matter (Cortis et al. 2009:43).

It is important when looking at the quantity of early childhood services within a given region that appropriate access and engagement strategies are considered together. Policymakers and service providers need to carefully analyse the types of strategies that may or may not work to promote access by Indigenous families to early childhood services in context, as a given mechanism which is effective in one context may not necessarily work in another (Scougall et al. 2008).

What barriers commonly inhibit the access of Indigenous families to early childhood services?

A broad range of barriers can prevent or inhibit Indigenous families from accessing early childhood services. These barriers are typically broken into five interrelated categories (Scougall et al. 2008; see also Homel et al. 2006; SNAICC 2010):

- individual
- provider
- program
- social and neighbourhood
- cultural.

Individual-level barriers

Individual barriers are those relating to the complex needs and circumstances, experiences and expectations of Indigenous families and children. Language barriers, low income, family breakdown, discrimination, past experiences and parental preferences all influence a family’s willingness and ability to engage with an early childhood service (SNAICC 2010). Some commonly cited individual-level barriers are:

- **Fear of removal of children**, particularly when interacting with government-run child services agencies. Indigenous families can be reluctant to access available services (Cortis et al. 2009; Flaxman et al. 2009).

- **Individual distress or dysfunction**. In circumstances where there may be family distress or community dysfunction, the daily stresses and complexities of life may inhibit a parent’s ability to attend services (Cortis et al. 2009). Examples of this include feeling stigmatised and excluded in mainstream services, depression leading to difficulty getting out of bed in the morning and getting children to school or preschool, and the additional needs of children with disability (Thorpe et al. 2011).

- **Poverty** may prevent some Indigenous families from paying for services, or may reduce their access to transport, particularly in poorly transport-serviced country towns and outer urban regions (Mann et al. 2011; Productivity Commission 2011).
• **Lack of awareness of available services and/or their benefits.** Where services are relatively new, or where parents have low literacy and numeracy levels, they may be unaware of the services available to them, as well as the short- and long-term benefits of utilising them (Mann et al. 2011; Scougall et al. 2008).

• **Reluctance to be separated from children.** Some parents will avoid care and educational settings where they would be separated from their children (Thorpe et al. 2011).

### Provider-level barriers

Provider-level barriers relate to ‘service delivery style, promotion outreach, staffing and practice approaches’ (particularly in relation to promotion and cultural competence) (SNAICC 2010:7). Specific examples include:

• **Limited capacity for administration of government funds** can prevent some organisations that are well-placed in an Indigenous community from providing necessary services. Where a small service provider lacks a larger auspice organisation, they may not have sufficient administrative capacity to obtain and manage government funding, or the resources to provide comprehensive services (Scougall et al. 2008).

• **Limited coordination between service providers can limit access to comprehensive services** (Flaxman et al. 2009; SNAICC 2010). Indigenous children often require a complex set of health and other services to meet their specific needs. Where service providers within a geographical region do not have referral networks in place, families may miss opportunities to access needed services. The literature also explores the importance of linking maternal and child health services to other early childhood services in a single location, with stable staffing, so that a parent ‘only has to tell their story once’ (Dwyer et al. 2004:67).

• **Disjointed services or regular staff turnover** hamper Indigenous clients’ efforts in awareness and acceptance of services, as trust and long-term relationships are required to build both awareness and engagement (Beyond Empathy 2008; Cortis et al. 2009; Scougall et al. 2008).

• **Lack of qualified local Indigenous staff.** Indigenous clients may resist using services without Indigenous staff, as Indigenous workers can reassure parents and families that their culture will be respected and acknowledged. If Indigenous staff are not involved in the running of an early childhood service, Indigenous families may be less confident to access the program (Productivity Commission 2011).

• **Failure to address the challenges in providing appropriate training for Indigenous staff.** Providers need to find culturally appropriate training for Indigenous staff, otherwise they may be unwilling to attend. Training opportunities also need to be provided locally wherever possible, as Indigenous staff may not be able to leave their community to attend courses due to personal and community responsibilities (Productivity Commission 2011).

• **Lack of cultural competence leading to fear of tokenism** among non-Indigenous workers can cause inaction on incorporating cultural artefacts and knowledge into everyday program activities (Mann et al. 2011).

• **Inappropriate venues or clinical environment.** Unfriendly or unfamiliar environments can be perceived as threatening and can deter families from accessing services (Cortis et al. 2009; Price-Robertson & McDonald 2011). Similarly, locating programs outside the immediate neighbourhood can deter families from utilising them due to lack of transport or high transport costs (Dwyer et al. 2004).

• **Lack of flexibility.** Fixed or limited entry points and session times (for example, only at the start of the school term, or only at a particular time of day) may deter some families (Flaxman et al. 2009). Likewise, scheduling of preschool and other sessions which do not align with parents’ work times can deter potential clients from accessing an otherwise high-quality service (Perry 2011).

### Program-level barriers

Program-level barriers include factors such as ‘funding structures and collaboration with other services’ (SNAICC 2010:7–8). Specifically:

• **Lack of cultural sensitivity can lead to resistance to services** (Cortis et al. 2009; Dwyer et al. 2004; Flaxman et al. 2009; Productivity Commission 2011). This lack of sensitivity can mean non-Indigenous staff do not involve local Elders in planning and delivering services, or may not include cultural activities and artefacts...
in early childhood education programs. It might also be the case that staff do not have the resources to undertake these activities. Lack of consultation can result in services failing to accommodate the unique needs and circumstances of the local community (Guilfoyle et al. 2010).

• **Lack of evidence to support funding of programs based on effective traditional childrearing approaches.** One recent study found that:

  Aboriginal professionals have continued to argue for cultural differences and needs to be acknowledged. However, without a concrete evidence-base to back up their voices, they continue to face the difficulties of proving their validity against a set foundation based on years of western research (Long & Sephton 2011:109).

This is a serious gap in the literature on improving Indigenous access to early childhood services, particularly in the arena of parenting skills training and family relationship-building activities.

• **Short-term funding and programs** can be detrimental, as they do not allow sufficient time to build relationships with Indigenous families, particularly where longer term intervention is needed. Such relationships are essential to promoting confidence in the suitability of a service. Short-term programs can also fail to allow sufficient time for families or children with complex health and other issues to sufficiently work these through. Indigenous communities in which programs have been implemented for a short time and then stopped can see this as the equivalent of ‘giving someone a lolly and taking it away...’, resulting in initiative fatigue (Flaxman et al. 2009:39; see also Scougall et al. 2008:vii).

• **Perception of barriers as insurmountable can become a barrier in itself.** One study noted that service providers can see some barriers as so entrenched that their acceptance of this state of affairs becomes a barrier in itself to improving access for Indigenous clients (Mann et al. 2011).

### Social and neighbourhood-level barriers

These barriers arise from characteristics of the immediate community the service operates within, including social stigma, access to transport, a lack of understanding of the importance of early childhood services, past experiences and community-level distress, which all lead to a resistance to services (SNAICC 2010). Where the community is resistant to a service, providers may find it difficult to convince families to prioritise early intervention and prevention service use or to sustain their involvement (Flaxman et al. 2009; see also Productivity Commission 2011; Scougall et al. 2008).

Flaxman and colleagues found that ‘typical sources of distress in a number of communities were poor living conditions, transient populations, family disputes, tenancy instability, mental illness, domestic violence, substance abuse and gambling’ (Flaxman et al. 2009:36).

### Cultural-level barriers

Cultural barriers cut across all the other types of barriers to improving access to early childhood services, obstructing communication and the formation of trusting and collegial relationships. Such trusting relationships are routinely cited in the early childhood literature as an essential foundation for improving the appropriateness and acceptability of services for Indigenous families. Cultural barriers include:

• **A lack of awareness and celebration of legitimate cultural differences** in language, styles of communication, avoidance relationships (where certain members of kinship networks must not communicate directly), and gendered behaviour (Bain 2011; Coulehan et al. 2005; Flaxman et al. 2009; NCAHS 2009)

• **A lack of consultation with local communities, or training and incorporation of the range of local Indigenous parenting styles into early childhood programs**, leading to service approaches that misconstrue, negate or contradict Indigenous practices (Long & Sephton 2011; Ryan 2011; SNAICC 2011). This can lead to a resistance to utilise services, no matter how physically or economically accessible they may be.
What are some effective mechanisms for facilitating Indigenous families’ access to early childhood services?

Despite the large number of barriers that many Indigenous families face in accessing early childhood programs and services, there is clear evidence of a wide range of actions that service providers can take to improve access to early childhood programs and services for Indigenous families.

Promising practice: multiple entry points and relationship building

In 2006, a multi-disciplinary team of researchers from Charles Darwin University in Darwin adapted an early intervention parenting and child social skills program (‘Let’s Start: Exploring Together Indigenous Preschool Program’) for use with pre-school Indigenous children. They began to implement it in a range of urban and remote settings in the Northern Territory, particularly around Darwin and the Tiwi Islands.

The Let’s Start program entails a guided program of constructive interaction between parents and children, confidential discussions with parents about parenting skills and children’s behavioural challenges, and the development of children’s social skills through facilitated play. Program evaluations show that participating children have reduced anxiety and behavioural problems, and parents experience reduced psychological distress, as well as improved confidence, wellbeing and enhanced relationships with their children.

Before launching the program, researchers invested significant amounts of time engaging a range of community members and stakeholders, and built solid, trusting and respectful relationships through low-key activities such as morning teas, barbecues, school fun days, home visits and visits to crèche and school premises to meet with staff.

In one urban setting, a lack of awareness of the program and its availability hampered access. To overcome this, the service provider called a meeting of all early childhood service providers in the areas, as well as local families and Elders. The meeting provided an opportunity for participants to share stories, identify areas of service overlap and gaps, and promote the availability of the Let’s Start program. As a result of this meeting, greater awareness, pride and ownership of the program was built in target communities, resulting in additional meetings in neighbouring communities to promote the program. This is one practical example of how building relationships with community members can reassure them of the cultural security of a program, thereby increasing access and participation.

Source: CAFCA 2010

The literature on how to improve Indigenous access to early childhood services consists mainly of qualitative studies on how to improve access and engage Indigenous families. While few of the authors formally identified their studies as ‘evaluations’, most of the studies consist of combinations of surveys, interviews and observations of both site-specific and regional or national projects to assess the effectiveness of particular programs and approaches in improving Indigenous utilisation and engagement. Few dealt directly with the question of improving access, rather utilising engagement and attendance as proxy measures for access.

A range of other studies complemented these by critically reflecting on successful and unsuccessful practice experience. Several studies directly discussed the effects of culture and cultural appropriateness on Indigenous families’ access to and engagement with early childhood services.
Individual-level facilitators

- **Provision of transport** facilitates physical access to services for those with little or no access to personal transport (Cortis et al. 2009).

- **Locating relevant services close to where the daily activities of Indigenous families occur**, such as close to where they live and locating early childhood services such as maternal and child health centres within local primary schools, improves access and ongoing engagement (Dwyer et al. 2004; Thorpe et al. 2011).

- **Low-cost or no-cost services** can help those on low incomes to obtain necessary and desired services (Flaxman et al. 2009; Thorpe et al. 2011).

- **Continuity of service with one agency from pre-pregnancy through to middle childhood** is clearly shown to improve engagement by disadvantaged Indigenous families and to ensure families receive comprehensive support (Dwyer et al. 2004).

---

Promising practice: continuous services

One service in a disadvantaged suburb of western Sydney* recognised the importance of early engagement and continuity of services from antenatal through to middle childhood as a means of improving access to early childhood health services.

Physical access was improved by locating the service in the local primary school, as this meant the service was provided within walking distance of most homes. Locating antenatal and early childhood services at the same primary school as a mother’s older children also cut down the burden of travel times, again improving physical access to the service, as well as increasing awareness of the services available to them.

It provided a flexible approach to services and opening hours, a welcoming and non-judgmental approach, and integrated antenatal and maternal and child health services, thereby allowing continuity of care from confirmation of pregnancy through the early years of the child’s life. Other strategies of the program that successfully increased access and participation included viewing parents as experts on the care of their child, anonymity (particularly for those in abusive relationships) and continuity of care.

Feedback from mothers indicates that their initial access and ongoing use of both antenatal and maternal and child health services improved due to the continuity of relationship with one midwife, and the prospect of only having to ‘tell their story once’.

Although this program was not specifically Indigenous, it did include some Indigenous families and appears to represent many of the principles of improving access seen in a range of other programs and studies.

---

* The authors do not identify the specific service or location.

Source: Dwyer et al. 2004
Provider-level facilitators

- **Advocates who can promote and foster support for a program** across a large organisation or across multiple providers in a region are important for building program sustainability (Turner 2007). Long-term, stable programs are crucial for building relationships and trust, which can lead to ongoing engagement and service use among Indigenous families.

- **It is important to employ, train and retain Indigenous staff** where possible, particularly those who are long-term and respected members of the local Indigenous community (Kildea et al. 2010). There are clear links between the presence of Indigenous staff and increased attendance of Indigenous children (Biddle 2007). Culturally appropriate training and flexible employment practices facilitate staff retention (Hutchins & Frances 2009). Employment practices must allow for and accommodate changing life circumstances, which can result in Indigenous staff seeking to exit and later re-enter the industry to manage family and cultural responsibilities (Hutchins & Frances 2009).

- **Culturally competent and secure services** are more likely to be accessed by Indigenous families because they acknowledge their cultural norms, values and aspirations, and have structures that are non-threatening, informal and low cost; are flexible about where and how services are provided; offer access to services away from formal, institutional settings, for example, in a person's home; and consult with and involve family and extended kin networks and community members in service delivery (Flaxman et al. 2009). Further, they ‘ensure that cultural knowledge shapes (1) the structure of the service; (2) the specific practices and strategies employed; and (3) the selection, training, and actions of individual staff members’ (Price-Robertson & McDonald 2011:3).

- **Flexibility.** Programs that offer informal start and finish times, drop-in sessions, session times that fit in with parents’ working hours, locations which are agreed to by the community as comfortable, as well as a range of non-stigmatising entry points—such as cultural activities, picnics in the local playground or hunting trips—allow Indigenous families to engage with programs at their own pace (Cortis et al. 2009; Perry 2011; Scougall et al. 2008).
Promising practice: flexible and culturally competent services

Triple P (Positive Parenting Program) is a well-respected parenting program used across Australia. However, it was originally developed with western cultural and childrearing practices in mind. One team in Queensland developed a culturally tailored version of the program for Aboriginal and Torres Strait Islander families, known as Group Triple P, which has been implemented over a range of urban, regional and remote settlements across Australia.

Group Triple P is an early intervention program that aims to promote positive, caring family relationships and to help parents develop effective strategies for dealing with common behaviour problems and developmental issues. It is an 8-session program, conducted in groups of up to 12 parents. It uses active skills training to help parents acquire new knowledge and skills. Changes were made to the language and images used in program resources, and the examples used to depict parenting strategies (for example, a culturally tailored video, workbook and visual aids) were developed. The structure of group sessions was altered to allow more time to discuss the social and political context for parenting, develop trust, slow the pace of presentation, and share personal stories.

Two trial programs highlighted the importance of engaging families when they first make contact, helping families deal with competing demands, and offering flexible service delivery so families can resume contact when circumstances permit.

The trials demonstrated high levels of satisfaction with the cultural appropriateness of the program. This may be an important ‘step towards increasing appropriate service provision for Indigenous families and reducing barriers to accessing available services’ (Turner 2007:6).

Source: Turner 2007

Program-level facilitators

- **Involve the local Indigenous community in planning and delivering relevant services**, in order to develop relevant services that Indigenous clients are more likely to utilise (Mann et al. 2011; Price-Robertson & McDonald 2011). Services that start by meeting the needs expressed by the community tend to have a greater rate of engagement (Cortis et al. 2009). For further information on what constitutes appropriate and high quality Indigenous early childhood education programs, see Closing the Gap Clearinghouse Resource sheet no. 7, *Early childhood and education services for Indigenous children prior to starting school* (Sims 2011).

- **Comprehensive services**. Wherever resources allow, providing comprehensive services and activities in a ‘one-stop-shop’ have been repeatedly shown to improve access because families see the opportunity to address multiple issues in the same location (Scougall et al. 2008). Networks of services with readily available referral pathways are often effective in smaller settlements with limited service capacity. For further information on networking and coordination of services, see Closing the Gap Clearinghouse Resource sheet no. 8, *Effective practices for service delivery coordination in Indigenous communities* (Stewart, Lohoar & Higgins 2011).

- **Continuity of services** is crucial for engaging some Indigenous clients. The literature discusses continuity in terms of stable staffing (SNAICC 2010), continuous services from antenatal through to middle childhood within one agency and location (Dwyer et al. 2004), and long-term funding and programs (Cortis et al. 2009). The latter is consistently identified as a core issue in engaging and maintaining contact with Indigenous families who may be uncertain about accessing a range of services. Short-term funding can contribute to program instability which risks disrupting processes of relationship building with hard-to-reach groups (Cortis et al. 2009).
• **Multiple entry points.** It is also important to have multiple entry points to both Indigenous-specific and mainstream early childhood programs and services to maximise the potential for engaging families (Flaxman et al. 2009). For example, recreational activities like picnics in a local playground, artistic activities or cultural activities such as hunting and fishing have been successfully used to engage clients who would not normally attend early childhood programs, thereby building trust and establishing relationships which may make it easier for them to approach these services (Scougall et al. 2008).

• **Provide choice between Indigenous-specific and mainstream services.** There is clear evidence that, while the majority of Indigenous families prefer Indigenous-specific early childhood education and health services (Scougall et al. 2008), some clients prefer to access ‘mainstream’ services, as they perceive these as less stigmatising (Flaxman et al. 2009). As highlighted, the study by Flaxman and colleagues (2009) only had limited coverage of mainstream services, as it focused primarily on services funded under the Stronger Families and Communities Strategy. Therefore any findings concerning what services Indigenous clients prefer needs to be considered in light of the limited scope of the study.

• **Utilising existing resources, services, and staff with relational networks** in the community when delivering new services generally improves Indigenous parents’ confidence in accessing services, as well as promoting awareness of what is available (Scougall et al. 2008).

---

**Promising practice: networking new and existing services**

In 2006, the Nambour Aboriginal and Torres Strait Islander Learning and Engagement Centre set up nine playgroups for Indigenous children and their parents. These are located in state schools and proactively build relationships with local Indigenous families and communities, schools, and early childhood service providers.

The programs involve early literacy and numeracy programs and music therapy programs which model different ways parents can interact with their children, as well as opportunities to socialise with other Indigenous children and parents. In addition, information provided to parents at these playgroups has improved their access to a range of free services, such as ‘ear health, immunisation programs, nutritionists, [and] Centrelink’ (Johnston 2006:3).

Anecdotal feedback from parents and program facilitators indicates that this program was seen as highly relevant and beneficial. Liddell and colleagues (2011) suggest that these two factors (perceived relevance and benefit) provide a means through which to measure the acceptability and appropriateness of a service. Acceptability and appropriateness need to be addressed to successfully improve Indigenous access to early childhood services.

Similarly, parent feedback also suggested that as a result of attending playgroup and receiving information about a range of services of which they were previously unaware, their access to other services increased. This suggests that networked services can facilitate improved access to a broader range of services by providing families with information about what is available.

*Source:* Johnston 2006

**Social and neighbourhood-level facilitators**

• The most effective means of reducing access barriers to urban early childhood services for Indigenous families is to **co-locate services** with other services they already utilise, such as primary schools or existing local community health centres (Dwyer et al. 2004; Thorpe et al. 2011).

• **Providing transport** also improves access to early childhood services that cannot be provided locally (Cortis et al. 2009). Likewise, providing childcare improves the ability of parents with young children to attend activities such as parenting courses (Cortis et al. 2009).
Cultural-level facilitators

Improving the cultural security and sensitivity of services improves the appropriateness and acceptability of early childhood services, which in turn can improve access to these services by Indigenous families. There are a number of effective mechanisms for improving cultural sensitivity:

- **Training and employing Indigenous staff** both assists in building relational bridges with the Indigenous community, and also improves the cultural security of a service or activity (SNAICC 2010). Greater understanding of appropriate Indigenous childrearing practices being incorporated into all spheres of interaction with clients (Scougall et al. 2008) has also been shown to improve the willingness of many Indigenous families to access and engage with services (Flaxman et al. 2009; Productivity Commission 2011). For more information, see Long & Sephton 2011; Ryan 2011; SNAICC 2011.

- **The provision of cultural training to non-Indigenous staff** is also an effective means of improving the integration of local cultural practices into the educational curriculum, as well as improving their understanding of what constitutes healthy parenting practices in the Indigenous context (Mann et al. 2011).

- **Involving the community in planning and delivering early childhood services** can ensure that services are more culturally relevant and secure (Mann et al. 2011; Price-Robertson & McDonald 2011).

- **Involve Elders in early childhood education and health services.** Several studies of Indigenous early childhood education demonstrated that involving Elders builds community acceptance and utilisation of preschool programs, because the local culture is being respected and promoted (Price-Robertson & McDonald 2011; Scougall et al. 2008).

- **Encouraging extended kinship to get involved can improve engagement** where families may otherwise be resistant to preschool or parenting programs (Mann et al. 2011). This is also particularly important when making child protection decisions as childrearing in Indigenous contexts are a collective endeavour (Scougall et al. 2008).

**Important concepts relating to cultural security specifically in an early childhood service context**

There are fundamental differences between western and Indigenous childrearing practices, in part because children are being raised to function in very different cultural and social environments. For example, Indigenous culture is collective rather than individualist. Where services do not work with local Indigenous practices (that is, improving the acceptability dimensions of access), clients may choose not to access and engage with a service. Some simple differences include:

- **The complexities and communal nature of childrearing and extended family relationships** (SNAICC 2011). Where kin and extended families are unable to participate in services, individual parents may be discouraged from attending programs (Scougall et al. 2008).

- **Many Indigenous cultures value the autonomy and independence of their children, so they tend not to interfere in their daily activities unless they need to be protected from imminent danger. A lack of routine (for example, no set eating or sleeping times), not enforcing rules and obedience, and laughing off tantrums are all aspects of this, which may appear as negligent parenting to the uninformed non-Indigenous service provider** (SNAICC 2011).

- **Although mothers are usually the primary caregiver, Indigenous children do not form attachments solely with their mother. Rather, attachments are formed to several ‘mothers’ (older female relatives who assist with rearing the children), their peer group, and their broader kinship networks. Likewise, a caregiver’s sensitivity is measured differently from that of a western mother: an infant’s needs are anticipated and taken care of in order to prevent the child becoming distressed, rather than the western practice of waiting until there is distress and then meeting the need** (Ryan 2011).

It is recommended that service providers and policymakers explore these cultural childrearing differences in detail before developing early childhood services for Indigenous families.
Promising practice: Improving the cultural content of early childhood education

In East Gippsland, Victoria, one Koorie preschool assistant has set up an ‘Indigenous Language and Culture Program’ for use with Indigenous and non-Indigenous children in any care or early childhood setting. The program utilises local knowledge and aims to help children and their families appreciate Gunai/Kurnai culture and to respect significant local sites.

The worker has gained permission from the local Elders to teach the local language, Gunai/Kurnai. The children learn ‘greetings, animal names, sea creatures, kinship terms, body parts, colours and counting, as well as a few songs’ (Wilson 2008:4). A CD-ROM of the language has also been developed to assist with language learning when the worker and other speakers are not available.

A local Elder visits the children regularly. He tells stories around the sandpit and shares skills such as cooking special food and wood burning. He also plays an important role in building relational bridges between local Indigenous families and early childhood education centres.

Late in the school year, the program culminates in an excursion to the traditional site where five nations traditionally gathered for corroborees, marriage, initiation and trading. A local dance group performs, and the children go on a cultural walk, seeing scarred trees, grinding grooves, and finding bush food. They learn about traditional body painting by finding ochre rocks, and participate in boomerang throwing activities.

In the case of the East Gippsland program, one survey demonstrated that parents appreciated the cultural recognition, seeing this as an important and beneficial opportunity for both children and their carers in learning aspects of Gunai/Kurnai culture. While this report does not provide evidence from a formal evaluation, the perceptions of the program’s benefit and relevance, and the willingness of Indigenous families to participate suggests that involving Elders directly in early childhood education programs can improve acceptability and appropriateness dimensions of Indigenous access to preschool services (see Liddell et al. 2011).

Conclusion

The literature on how to improve Indigenous access to early childhood services consists mainly of program descriptions and documented practice experience, with a limited number of formal program evaluations. Further investment in evaluations of programs which appear to be making a positive difference is needed, to provide a more rigorous evidence base upon which program and funding decisions can be made.

Nonetheless, it is clear from the literature that merely providing high-quality, well-coordinated services may not be enough to improve access of Indigenous families to early childhood services. They also need to be accessible (i.e. physically accessible, affordable, appropriate and culturally acceptable) and engaging.

The literature on improving access to early childhood services for Indigenous families suggests a range of principles that reduce barriers and promote engagement:

- Understand local Indigenous childrearing practices and beliefs and maintain their centrality as much as possible.
- Involve the local community and Elders in planning and delivering services. Begin building trust and relationships by meeting their expressed needs for services, and add other services later as appropriate.
- Involve Elders in early childhood education, to ensure important cultural learning is incorporated into the curriculum.
- Train and employ local Indigenous people in early childhood service agencies.
- Employ a mix of Indigenous and non-Indigenous staff to build a broader skills base from which to provide high-quality and culturally appropriate services with which Indigenous clients will more readily engage.
- Provide both mainstream and Indigenous-specific services to improve the choices available to Indigenous clients.
- Long-term, stable funding and programs and a stable workforce are vital for building trust, particularly in communities with high needs that require long-term assistance.
- Building engagement in services is equally as important as improving access.
- Cultural security is vital in building acceptance and engagement with services.
- It is important that services are flexible. This includes building relationships first, then providing services second; flexible entry points (such as drop-in services, non-standard or flexible session start/finish times and home visits); and soft entry points (that is, non-threatening environments and activities in which clients can begin to engage with services).
Appendix

The Closing the Gap Clearinghouse Assessed collection includes summaries of research and evaluations that provide information on what works to overcome Indigenous disadvantage across the seven COAG building block topics.

The table below contains a list of selected research and evaluations that were the key pieces of evidence used in this resource sheet. The major components are summarised in the Assessed collection.

To view the Assessed collection, visit <www.aihw.gov.au/closingthegap/assessed/>.

<table>
<thead>
<tr>
<th>Title</th>
<th>Year</th>
<th>Author(s)</th>
</tr>
</thead>
</table>
References


Acknowledgments

Dr Vicki-Ann Ware is a Senior Research Officer in the Closing the Gap Clearinghouse and is also on staff at the Australian Institute of Family Studies in Melbourne. Before joining the Clearinghouse, Dr Ware worked in housing policy and research for 5 years.

Abbreviations

AEDI Australian Early Development Index
LSAC Longitudinal Study of Australian Children
NSPCCC National Survey of Parents’ Child Care Choices

Terminology

Indigenous: ‘Aboriginal and Torres Strait Islander’ and ‘Indigenous’ are used interchangeably to refer to Australian Aboriginal and Torres Strait Islander people. The Closing the Gap Clearinghouse uses the term ‘Indigenous Australians’ to refer to Australia’s first people.
Funding

The Closing the Gap Clearinghouse is an initiative of the Council of Australian Governments and is jointly funded by all Australian governments. It is delivered by the Australian Institute of Health and Welfare in collaboration with the Australian Institute of Family Studies.

Suggested citation


Copyright

© Australian Institute of Health and Welfare 2013

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <http://creativecommons.org/licenses/by/3.0/au/>.

Enquiries relating to copyright should be addressed to the Head of the Media and Strategic Engagement Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

ISSN 2201-845X
Cat. no. IHW 78