COAG Mental Health
Early Intervention Measure –
Early Childhood Component

Study to Scope Potential Service Delivery

A project undertaken jointly by
Early Childhood Australia
and the
Secretariat of National Aboriginal and Islander Child Care

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Executive summary

The project

As part of the COAG Mental Health Initiative (Early Childhood Component), Early Childhood Australia (ECA), working closely with the Secretariat of National Aboriginal and Islander Child Care (SNAICC), was funded to undertake a study to scope potential delivery settings for early childhood services and mental health support for young children.

Key informants in this study included early childhood practitioners and associated health professionals working with children and families in the prior-to-school sector. The consultation included urban, suburban, regional and remote locations in Western Australia, South Australia, Queensland, NSW and Victoria. Written submissions were received from Tasmania.

The key message arising from the consultation is:

Recommendations and resources arising from this project will need to be implemented as part of the core business of practitioners, rather than as an added task.

The goal is to provide sustained support for everyday practice that supports young children's social and emotional health. It's about privileging the everyday – being with children, being warm and responsive, listening, holding conversations...

Recommendations

Overwhelmingly, respondents commented that the most valuable resources to help them to support children and families in emotional health matters are people, time and on-the-job support. Respondents insisted that material resources are only useful if accompanied by focused, ongoing professional learning supplemented with advice and time for dialogue and reflection back at the workplace.

Keeping these key points in mind, the following small set of precise recommendations has been distilled from this scoping study and analysis of its themes and priorities:

1. Find ways to provide 'people' to support practitioners. For example, maximise the value of existing support services by increasing their knowledge base about children's mental health and focusing the priorities for their work.

2. Leverage current providers of training by supplying resources and encouraging them to see 'mental health' as a core topic for professional learning across the sector.

3. Develop resources with a high level of consultation, trial and amendment. Use some struggling settings to trial and advise on materials development.

4. Ensure that programs and materials focus on what all practitioners need to know about young children's emotional and social health and their role in promoting it. (Detail about *Material resources* and *An essential knowledge base* is included in this report in relation to Research Question 4, pp.10–11)

5. Review materials that appear to have high usage and incorporate their features into future resources.

6. Include materials to be used with and for parents.

7. Continue to work for improved conditions in the sector so that practitioners really can support children and families.

8. Build in evaluation from the beginning of next-stage developments. Evaluate in terms of outcomes for children, as well as take-up and user response.

Key principles to underpin resources

A set of key principles was identified through the research and consultation. They are put forward in the belief that continuing consultation is essential in Stage 3 of the Mental Health Early Intervention Measure – Early Childhood Component if resources are to be used and effective.

These principles incorporate those identified by the Project Advisory Group:

People are the most powerful resource – respondents consistently noted the very high value of 'people' to support their work.

Accessibility – materials to enhance support for children's mental health should be well-advertised, free and easily obtained by all practitioners, irrespective of their location.

Theoretically sound – programs and resources must be based on the best of contemporary theory and knowledge about young children and their social and emotional wellbeing and about how early childhood practitioners can best support children and families.

Audience suitability – any resource will need to include different kinds of information at different levels of complexity. It cannot be assumed that the majority of potential users will have even basic knowledge about young children's growth and development, much less about ways to support their mental health.

Cross-sector relationships – inter-sectoral professional learning opportunities lead to the most sustainable support for children.

Parents are key audiences – while the scoping study focused on practitioners and their support needs, parents are a key 'resource' in children's lives, and there was a strong recommendation that some information about young children's mental health be produced in formats accessible to parents, with early childhood professionals as an access and distribution point.

Practicality – resources should recognise that internet availability and usage, literacy levels and time constraints all present challenges in the design and delivery of materials.

Relevance – practitioners who are accessing programs and materials value seeing their own contexts represented, and such features enhance engagement. Local users and advisers should be involved in the development and dissemination of resources and materials should capture the range of settings – cultural and geographic.

Flexibility – resources that are flexible and responsive to the different levels of knowledge and various roles of practitioners in early childhood service should be included.

Adaptability – printed resource materials and products (such as posters, leaflets and kits) that can be adapted and modified to include local information, images and artwork have proved successful, particularly with Aboriginal and Torres Strait Islander communities.

Usability – it is unlikely that practitioners will have the motivation or time to undertake self-paced individual learning. Hence, content should be packaged in 'small bites' for use in various meeting formats, keeping in mind that many recipients of the information will have minimum training and knowledge.

Planned ongoing dissemination – support organisations, such as IPSU, VAEAI and RAATSIC, familiar with local contexts and with established rapport with potential resource users, should be involved in materials development and dissemination. Existing communication mechanisms such as newsletters should be utilised to convey key messages. Promising Practice stories should be published over time. Sustained regular approaches to providing information are more effective than 'one-off' delivery.

Project methodology

The purpose of this research is to inform government about issues facing practitioners in the early childhood non-school sector as they support children and families in relation to emotional and social health.

Accordingly, this scoping study aims to:

- Identify and describe a sample range of services in the Australian non-government early childhood sector within mainstream and Indigenous children's services
- Provide an overview of issues facing the sector
- Identify barriers to early childhood services supporting children and families with potential or existing mental health issues
- Identify adjustments that might be made to enable most effective provision and support
- Identify examples of quality practice models and resources.

Research questions

The set of research questions based on the four areas of the framework for the project was refined through consultation in the field:

1. How do practitioners create and sustain a positive environment for young children's mental health?

2. How do they support effective parenting that promotes young children's mental health?

3. How do they support young children with high mental health needs?

4. What resources are currently available and useful? What kind of resources could be developed that would be realistic and of value in the various contexts?

Interview methodology

Interviews with key informants were conducted using conversational techniques based on 'yarning methodology' in which participants are asked an open question that encourages them to tell their stories – *'What is it like for you, caring for children in your place?'* The conversation then takes its natural course, with the researcher following participant cues while ensuring that information pertaining to the research questions and issues is obtained. A conversational approach was selected because it reflects the principles above and is more likely than structured interview techniques to elicit honest opinion and genuine glimpses into the lived experience of participants. The researcher records responses as narratives, analysing them later for patterns, recurrences and differences and synthesising opinion around the formal questions and key issues.

The full report is structured around direct quotes from participants, providing vitality and authenticity.

Key findings

Question 1: *How do practitioners create and sustain a positive environment for young children's mental health?*

Respondents cited a family-friendly service, staff quality, assessing and responding to children's wellbeing, and a professional culture as key ingredients in 'a positive environment for children's mental health.'

A family-friendly service

In the consultation, respondents consistently expressed the view that 'a positive environment for children starts with a welcoming, family-friendly service'.

When asked to describe family-friendly services, respondents listed key features such as:

- There is a familiar face in reception, especially an Indigenous person in a setting with many Indigenous children – *'Too often, there are no black faces behind important desks.'*
- Families are warmly greeted/farewelled by a familiar person at the beginning/end of each day.
- Family members are told *'useful things about the child's day; not just they've been good or bad'.*
- Staff are pleased to meet the children each day – *'they model positive interactions'.*
- Cultural materials are on display and are referred to and used – *'The community is reflected in every aspect of a setting's operation'.*

Quality of staff

Staff quality was a feature repeatedly emphasised in the consultation. There was some debate about whether 'quality' is dependent on 'qualifications' or 'experience'. The overall conclusion seems to be that 'there's no substitute for knowledge'. While rich life experience is recognised as valuable, knowledge gained through formal qualifications and ongoing training is seen as essential for professionals to develop depth of understanding and strategic flexibility and confidence.

Assessing children's wellbeing

Respondents advised that practitioners in 'quality practice settings' are generally skilled in assessing children's emotional wellbeing and in responding appropriately.

Initial training can and should provide staff with this knowledge, but maintaining it depends on the leadership, supervision, collegial practices and professional learning opportunities on the job.

A professional culture

'Quality services' therefore, seem to have staff training and ongoing learning as a priority. Centre managers devolve leadership, supporting staff to move into senior supervisory roles and training team leaders so that new and relief staff can be inducted into appropriate practices which support children's emotional and social health and wellbeing. It should be noted that such practices are not representative of the field as a whole.

'Time' was consistently identified as a crucial requirement for the development of a professional climate – time for staff to develop and maintain depth of knowledge and currency of skill, and for them to plan and implement programs that are beneficial to the wellbeing of all children, especially those with high needs. The most effective settings, therefore, provide paid release for staff to attend meetings, to do team and individual program planning, to attend professional learning courses, to compile portfolios of children's learning and to communicate with parents. These quality improvement measures have obvious cost implications.

Question 2: *How do practitioners support effective parenting that promotes young children's mental health?*

The extent to which practitioners can support effective parenting depends on whether and how often they have the opportunity to interact with parents and the quality of the relationships they are therefore able to build. In many cases, because of distance, practitioners rarely see parents and there are special issues in relation to foster family placements where practitioners often lose connection with children and the families that care for them.

General support

In general, where practitioners do meet parents, respondents indicated that their approach to supporting effective parenting is relatively informal. When parents drop off or collect children many practitioners make use of this opportunity to discuss the child's achievements and any concerns. On these occasions, some staff consciously model positive ways to manage children's behaviour and are careful to approach the family gently with comments such as: *'Have you noticed…?', 'I find she responds well when I…'*

The most effective practitioners are very conscious that fostering children's emotional wellbeing and healthy social development has to be a partnership, and they are very thoughtful about their approach to parents.

Systematic support

The consultation also encountered examples of systematic support for effective parenting.

Programs included the *Home Visiting Service* operated by the Children, Youth and Women's Health Service of SA; the *Feeling Attached* and *Connecting Mums* programs coordinated through Helen Mayo House in Adelaide; the *Through the Looking Glass* project funded under the Australian Government Stronger Families

and Communities strategy and operating in SA, Perth and Brisbane; Aboriginal Community Support worker models such as that in suburban Perth; and the *Listening to Children* workshops conducted by Community Transformations for parents and child care staff.

Understanding about 'Attachment' and the 'Circle of Security' provides the theoretical foundations for a number of such programs. Theoretical understandings and strategies that support mental and emotional health should be central to the work of all professionals who deal with children and families, and included in professional training even if services are unable to access funded programs such as those described.

Question 3: *How do practitioners support children with high mental health needs?*

Children exhibit high mental health needs in various ways and present different challenges to practitioners in their range of different circumstances.

'Infants' and young children's emotional and mental health needs vary across a continuum and require an appropriate response at all levels of the continuum.

In some instances, understanding a child's needs for a secure base will help staff and parents to respond in ways that will overcome the problem. However, if a child has a diagnosed disorder or exhibits serious and ongoing signs of distress or trauma, professional mental health assistance is required for the child, the family and the staff who care for the child.

With absolute consistency, respondents emphasised 'children's behaviour' as the most pressing, time-consuming and distressing problem. It is a cause for concern that they did not usually regard the behaviour as a communication from the child about their needs, nor did they recognise the part their response plays in defusing or aggravating the behaviour. The focus on 'children's behaviour' tends to indicate that practitioners may not have the skills and knowledge to recognise which behaviours may be linked to more serious underlying mental health difficulties, and it is in this area that training and ongoing support for early childhood staff is most needed.

Children in protective care

Children in protective care face particular relationship problems which affect their emotional health. When parents and other important adults come and go in children's lives, the child's sense of trust and security is potentially badly damaged. In some instances, after being taken into care, children are moved around foster family locations, requiring them to adjust to new adults and 'siblings' with changing enrolment in various learning settings. Children fear the loss of the foster family as well as their parents and are wary of connecting too closely with child care or preschool staff, or with the passing parade of playmates.

Identifying problems

In locations where there are child care directors who are skilled educational leaders, staff are supported in identifying children at risk of problems with social or emotional health. These directors ensure that staff have high levels of pre- and in-service training, they support staff in observing children and using available diagnostic tools, and they have a commitment to communicating with families. In locations without this leadership and knowledge, staff have to focus on keeping the environment as safe and happy as they can, without necessarily identifying more serious underlying problems.

Diagnosis and referral

Early diagnosis, referral and therapeutic intervention are vital in many of these instances: for appropriate support of the child and family, for the wellbeing of other children in the group, and to provide reassurance and professional support for the carer. However, diagnostic services are not always available. In isolated locations, for example, clinicians visit on a fly-in fly-out basis about twice a year. In other places there may be lengthy waiting lists and/or a shortage of health professionals knowledgeable about early childhood.

Respondents report that it is particularly difficult to get adequate help for children displaying quite extreme aggressive behaviours, because those children do not necessarily meet criteria for a diagnosable disorder and consequent follow-up support.

Models that work with high-needs children

Respondents to the consultation identified a number of approaches they regard as valuable in fostering the emotional and social wellbeing of all children and which are particularly beneficial for children who are at risk in relation to their mental health. The models include *Attachment Matters and Partnerships in Early Childhood* based in Sydney and Primary Care Giving structures and Circle of Security practices used in various locations.

The examples provided indicate key principles that could be enacted in different circumstances – with appropriate resourcing.

Question 4: *What resources are currently available and useful? What kind of resources could be developed that would be realistic and of value in the various contexts?*

'Resources' can refer to people working in the sector, the characteristics that enable them to be effective, and the funds that cover the associated costs; it can refer to the professional capital developed through effective professional learning programs; and it can refer to material resources which include items such as posters, publications, film materials and websites. All three interpretations are considered in what follows.

Universally, respondents in the consultation commented that 'the most valuable resources for us to do our job of supporting children and families in emotional health matters are time, people and on-the-job support'. Respondents referred to time for training, programming and discussion with colleagues; people to talk to about their concerns; and people to release them to work with individual children, especially those with high needs.

The consultation encountered specific models of professional development, such as *Attachment Matters* in NSW, and *Through the Looking Glass* and the Aboriginal Literacy Program in SA, which build the reflective capacity of practitioners. A number of these use video footage which staff analyse with the help of clinicians and an inquiry approach through which they 'research' their own work. There was some debate about whether critical inquiry requires a sound academic background, but there is agreement about their transformative effect if properly resourced and supported.

Material resources for practitioners

In terms of material resources, the overall message from the consultation is that any materials developed as a consequence of this study should take account of:

- what practitioners currently do (recognising the range of competence across the sector) and what would support them to do it better
- what practitioners need to know that they do not already know
- which features characterise 'successful' resources
- which development and dissemination strategies will ensure maximum take-up.

An essential knowledge base for practitioners

The consultation produced an exhaustive list of the kinds of knowledge staff need to operate effectively, especially in relation to vulnerable children and families.

Respondents suggested that the following areas of 'knowledge' are essential:

- About young children, their expected patterns of development and when to be concerned
- About social and emotional health and how to provide the best environment for it to flourish
- About attachment and security and understanding their role as adults in creating a secure base for all children
- About designing and implementing programs that engage children and minimise misbehaviour
- About current approaches to guiding positive behaviour and about specific disorders that might underlie social and emotional maladjustment
- About policies, protocols and procedures for dealing with problems
- About the local community and how to access support for children and families
- About cultural ways of parenting and about being a child in the particular community.

These matters are elaborated in the Recommendations section of the report.

Conclusion

The overarching goal for this project is to 'build the capacity of early childhood practitioners to understand and respond to mental health issues'. It is clear from this study that initiatives designed to support practitioners in children's services settings in relation to those issues must address the realities of the context in which they work.

In particular, Stage 3 will need to face the fact that many children's services locations across Australia find it extremely difficult to obtain and retain staff with minimum level qualifications. Such services tend to have adult–child ratios that only meet minimum regulatory requirements – 1:5 for babies/2:20 for toddlers and 2:30 for preschoolers – with no ceiling on overall group size.

At the same time, the professional role of early childhood staff is becoming more demanding, and the multiple responsibilities are not reflected in pay and conditions. These issues often lead to dissatisfaction in the workforce and cause staff attrition, with consequent disruption to relationships with children and families.

In many cases, even senior staff may have limited formal training and no administrative or management experience. In such contexts, professional development opportunities are rare, and it cannot be assumed that a centre manager will necessarily have the skills or knowledge to build staff expertise or to focus the priorities of staff for their daily work. Such settings struggle to fulfil more than their everyday responsibilities, and the capacity to support high-needs children and families is extremely limited.

A second feature to be taken into account when planning to support practitioners in early childhood is that the sector has a range of very different funding and organisational structures – there is no single 'control point' for the implementation and dissemination of ideas, practices or materials. This has implications for the ways 'messages' have to be conveyed and how programs or resources have to be developed and disseminated.

Project report

1. Policy imperative

The project is funded as part of the COAG Mental Health Initiative, *New Early Intervention Services for Parents, Children and Young People* measure. This component focuses on early childhood, which is a key activity within the measure.

The early childhood component aims to support mental health promotion, prevention and early intervention in early childhood within a framework of:

- Promoting a positive environment
- Promoting sound parenting behaviours
- Early intervention that targets areas of high needs, including Aboriginal and Torres Strait Islander children and young people, children affected by significantly and adverse life events such as severe trauma, loss or grief, and children of parents with a mental illness
- Supporting and promoting social and emotional learning.

2. Background to the project

Two round table meetings of health and education experts were held on 1 March and 16 April 2007. A specific Indigenous workshop was held on 23 November 2006.

The meetings discussed the approach and development of resources to help early childhood staff to promote resilience and good mental health for children and to identify and intervene early with children at highest risk of mental illness or who are showing early behavioural signs or symptoms.

A key recommendation arising from the 16 April round table included the following:

- **There is an urgent need to identify potential service delivery settings and assess how those settings capture the target group. Furthermore, there is a need to assess what adjustments need to be undertaken to better suit those settings.**

This recommendation indicated the need for a scoping study to describe the very different kinds of service provision in the early childhood services sector, to record practitioners' perceptions about children's mental health issues, and to seek their advice on the kind of resources that would enhance their support for young children and families. Early Childhood Australia (ECA), which has strong links with the Secretariat of National Aboriginal and Islander Child Care (SNAICC), put forward a proposal to manage Stages 1 and 2 of the project. Stage 1 was to develop a detailed work plan. An Advisory Group representing ECA and SNAICC constituencies met in July 2007 to support the development of the work plan and facilitate the field research that would comprise Stage 2.

A copy of the Proposal is included in Appendix A

3. Project objectives

The purpose of this research is to inform government about issues facing practitioners in the early childhood non-school sector as they support children and families in relation to emotional and social health. The overarching goal of the project is to build the capacity of early childhood practitioners to understand and respond to mental health issues.

Accordingly, this scoping study aims to:

- Identify and describe a sample range of services in the Australian non-government early childhood sector within mainstream and Indigenous children's services
- Provide an overview of issues facing the sector
- Identify barriers to early childhood services supporting children and families with potential or existing mental health issues
- Identify adjustments that might be made to enable most effective provision and support
- Identify examples of quality practice models and resources.

4. Contextual considerations

The scoping study has been underpinned by contemporary theory and understanding about young children and their growth and development, about mental health and wellbeing, and about the role of quality care in enhancing children's life outcomes. Consultation has been undertaken with professionals in the prior-to-school early childhood sector and the report reflects the complex nature of that field.

Theoretical context – child mental health

Research on early brain development (Mustard, 2002; Sameroff, 2000) has shown that experiences in the first two or three years of life indelibly influence an individual's social and emotional functioning for the rest of the lifespan. Secure attachment has been shown to be a protective factor for infants and children, providing a framework for them to get most benefit from developmental, educational and social opportunities. Secure attachment in infancy is promoted by warm, sensitive and responsive caregiving with the opportunity to develop a secure relationship with one or a few main carers. Infants and toddlers find comfort and security when they experience familiar objects, places and people. There is evidence (Child Psychotherapy Trust, 2002) that insecure attachment results when there is too great a discrepancy between an infant's needs and the quality of the caregiving. Insecure attachment interacts with other risks present in the emotional environment of the growing child, leading to long-term vulnerability to stress-related illnesses.

The extensive literature on child mental health suggests that:

> *In its simplest terms it's about relationships – promoting and supporting nurturing relationships for all infants [and young children]. It's about having the first relationship be a solid base for the next one and all the ones in the future. It's about learning to trust that our physical and emotional needs will be met. And it's about being able to use those trusting relationships to become healthy, productive adults. After all, it's because of healthy relationships that we desire to please our parents and become socialized beings. It's because of relationships that we care about our neighbors. So Infant Mental Health is about prevention and early intervention in assuming positive growth and development (Michigan Association for Infant Mental Health, 1993, in Minnesota Infant Mental Health Project, 2002).*

Charles Zeanah, editor of the *Handbook for Infant Mental Health* (1993) and one of the world's leading authorities on attachment, explains that children should have an attachment figure – someone who is available for them. He suggests that if they don't have someone then every effort should be made to provide this.

The question arises: 'Are there cultural differences in the interpretation of concepts such as Attachment?' In Indigenous communities, children may be closely connected to a set of caring adults beyond the mother and father. However, there is general agreement that all children need 'a sense of inner peace' and trustworthy relationships with a few significant adults. This is especially the case for infants who are learning to make sense of the world.

Associate Professor Helen Milroy, Child and Adolescent Psychiatrist at the Centre for Aboriginal and Dental Health, University of Western Australia developed a metaphor of 'a swan' to describe ideal conditions for Aboriginal infants (2003):

Watched over by the earthly and spiritual guardians, the father, mother, grandparents and siblings ever present to ensure a baby's safety. Each has a special gift to give. Black for strength and endurance, white for purity and innocence, grey for compassion and warmth.

Cultural differences include recognising that there may be more than one 'mother' in a child's life and that there will be differences between traditional and urban Aboriginal women and parenting and interaction patterns. The Connecting Mums program recognises this (Wendy Thiele, Adelaide).

Dr Milroy suggests (ABC Radio National, 2007) that 'Aboriginal children are at increased risk of difficulties with social and emotional wellbeing and mental health. One of the factors that contributes to that is the number of life stresses that families are living with.' Dr Milroy is developing materials for Aboriginal and Torres Strait Islander communities on the subject of children and mental health.

Contemporary interpretations of 'attachment theory' stress the 'networks of attachment' that can help to support the child. Such views see a child as 'nested' in the ecological systems of their family and community, with interactions between all of the significant people in their life affecting their sense of security and developing self-confidence. For families accessing early childhood services, the adults working there are key elements in the network of social and emotional support.

Silburn (2003) makes the following points about children's vulnerability and the prevention of mental illness:

Current approaches to prevention aim to identify the critical leverage points in human development and to create opportunities in the environments most proximal to children. This includes policies and initiatives to build the capacity of communities and services to ensure that families (and schools) are properly supported in their shared task of child rearing.

While the term 'mental health' is relatively new in early childhood education and care, it is closely connected to children's 'emotional and social wellbeing', which have long been seen as core aspects of quality provision. Skilled early childhood practitioners are aware that all aspects of a child's development and welfare are interrelated and that, as significant adults in young children's lives, they play a crucial role in establishing the foundations for current and future wellbeing and resilience.

Contemporary understandings – wellbeing

Tracey Simpson, Associate Head of School, School of Teacher Education at Charles Sturt University, and a member of the project's Advisory Group, explains the relationship between the concept of 'mental health' and the concepts of 'wellness' and 'wellbeing':

The highest standard of health is a state of complete physical, mental and social wellbeing, not merely an absence of illness. http://www.who.int/

Mental health is a positive state of wellbeing … it involves feeling positive about ourselves, our communities and being able to live life to our fullest capacity. http://www.Auseinet.com.atsi/index.php 2007

Tracey Simpson (2005) highlights the fundamental role of relationships in good early childhood teaching and service provision, and asserts that 'involvement in authentic experiences with children is the most important role to be played (by early childhood professionals)'.

This scoping study has focused on children aged from birth to five years in children's services settings and associated outreach services such as facilitated playgroups. It explores the concept of provision for children's wellbeing at two levels:

- Providing for the social and emotional wellbeing of all children
- Responding to the social and emotional needs of children at risk of mental health problems.

Field context – early childhood services

The early childhood services sector in Australia varies enormously in the range of services it delivers, the locations in which services are provided, and in its funding arrangements.

Services include child care centres, sessional preschools, family day care, play groups (both parent-operated and professional-supported), mobile services, and occasional care services. Federal, state and in some places local government are involved in funding, regulation, quality assurance programs and direct service delivery in a complicated pattern of program arrangements that is not integrated. Service operators include community-based committees, large non-government organisations, small commercial operators and large corporations. Neither regulations nor quality assurance systems are based on the evidence about the indicators of quality. What this means is that the majority of services operate with low staff–child ratios, large group sizes, staff with limited or no qualifications, high staff turnover, and significant levels of casual staff. The result is that staff in the many services that are not well-resourced struggle to meet even basic program requirements.

Dedicated services for Aboriginal children and families are generally funded on a 'budget' basis, with funds coming directly from the Australian and state governments and often augmented by fees paid by parents. Services for non Aboriginal children and families ('mainstream' services) are a mix of state government-funded free or low-fee services, and services which are funded entirely or mainly by parent fees. Eligible parents with children in approved long day care services access the Australian Government's rebates and/or means-tested *Child Care Benefit.*

Many services, both Indigenous and mainstream, struggle for financial viability. Most mainstream services operate as businesses in a competitive market which creates tensions between quality, affordability and accessibility. Salaries in this sector represent up to 85 per cent of centre budgets even though they are among the lowest in our community. The sector is, in general, resource-poor and has low status, and demand outstrips the availability of places in many localities. The participation rate of Aboriginal children in preschool services is declining.

It is important to bear this broad picture in mind when considering the information obtained from the 'good practice' services consulted for this project. It is clear that high quality early childhood experiences contribute significantly to young children's mental health, but it must be emphasised that high quality and innovative programs come at a cost. Those services operating such programs either charge high fees or are subsidised in ways not necessarily available to the broader early childhood sector. It is unrealistic to assume that high- standard support for children, families and staff can happen on a large scale without improvements in funding and service delivery.

5. Project methodology

Scope

The field of consultation encompassed urban, suburban (up to an hour from capital cities), regional and remote settings in South Australia, Western Australia, New South Wales, Queensland and Victoria. There was a significant emphasis on Indigenous settings and representation of 'immigrant' families and those living in low socio-economic circumstances. Because of time and budget constraints, it was not possible to include the Northern Territory, Tasmania or the ACT in the field consultation. However, the Advisory Group recognised that the focus group convened in Sydney included ACT representatives and that key informants from Queensland and Western Australia raised issues pertinent to other remote environments such as NT. Several written submissions were received from Tasmania.

The sites visited in the field consultation were recommended by members of the Advisory Group. Sites were selected to ensure geographic and cultural coverage and most were operating at a high standard of provision. It is important to acknowledge that there are many other services operating at a very high standard that could not be included in the consultation, given its short timeframe. However, it should be kept in mind that the majority of services in Australia operate at far less than optimum standards for 'quality'. Notwithstanding, the range of quality services visited has enabled the researcher to analyse them for 'quality practice' principles that could inform future support for sites that are struggling.

Key informants included senior staff and practitioners in long day care centres, coordinators of family day care, in-home care and outside-school-hours services, play group facilitators and preschool teachers, health professionals working in the child care arena, staff at integrated service locations, a director of an early intervention service and a manager of a drug and alcohol treatment facility. It was not possible to consult with families or the general community, except where a child care committee member was encountered on site.

In addition to meeting children's services staff at their locations, the researcher met with four varied focus groups:

- In Dubbo, 15 child care and family support professionals from the surrounding rural districts attended a meeting convened by the FaCSIA Inclusion Support Agency for NSW West region.
- In Sydney, 21 representatives from MACS, Aboriginal Playgroups, LDC, OSHC and Mobile Child Care services attended a state meeting convened by the IPSU Coordinator for NSW and ACT.
- In Sydney, 12 child care directors attended a meeting convened by the Coordinator of Early Childhood Services for Marrickville Council. In Cairns, three representatives from the West Coast Cluster of Remote Aboriginal And Torres Strait Islander Council (RAATSIC) travelled long distances to respond to the consultation.

In total, consultation occurred directly with 85 early childhood personnel, with four written submissions received.

Research questions

The set of research questions based on the four areas of the framework for the project, established by the Advisory Group at its July meeting, was refined through consultation in the field:

1. How do practitioners create and sustain a positive environment for young children's mental health?
2. How do they support effective parenting that promotes young children's mental health?
3. How do they support young children with high mental health needs?
4. What resources are currently available and useful? What kind of resources could be developed that would be realistic and of value in the various contexts?

Research principles

The Advisory Group also established a set of principles that would guide the conduct of the research.

The investigation should:

- be conducted in a climate of mutual respect
- be sensitive to impositions on people's time and the potential impact of questions ,with an understanding that many of these people have been part of other research projects
- be prepared to listen closely and to communicate simply and clearly
- be honest and truthful and not raise undue expectations about outcomes or future support
- take account of what we know about young children's mental health
- build on the knowledge already out there – 'a lot of the relevant knowledge resides at the local level'
- focus on the positive aspects of young children's emotional and social development, using words such as 'security', 'connection', 'belonging' and 'optimism' rather than 'mental health' which is often taken to imply 'ill health'
- respect local protocols, including cultural ways of doing research
- de-identify sensitive case material
- provide feedback to those consulted through the Advisory Group.

Interview methodology

Interviews with key informants were conducted using conversational techniques based on 'yarning methodology' in which participants are asked an open question that encourages them to tell their stories – *'What is it like for you, caring for children in your place?'* The conversation then takes its natural course, with the researcher following participant cues while ensuring that information pertaining to the research questions and issues is obtained. A conversational approach was selected because it reflects the principles listed above and is more likely than structured interview techniques to elicit honest opinion and genuine glimpses into the lived experience of participants. The researcher records responses as narratives, analysing them later for patterns, recurrences and differences and synthesising opinion around the formal questions and key issues.

The report is structured around direct quotes from participants, providing vitality and authenticity.

The project respects the fact that services exist and operate in a local context and that 'best' will look very different in each case.

Therefore the researcher has documented case studies and identified those principles that may be generalised and those which are context-specific.

Acknowledgement of contributors is contained in Appendix B

6. Key findings

Question 1: *How do practitioners create and sustain a positive environment for young children's mental health?*

Respondents cited a family-friendly service, staff quality, assessing and responding to children's wellbeing, and a professional culture as key ingredients in 'a positive environment for children's mental health'.

A family-friendly service

In the consultation, respondents consistently expressed the view that 'a positive environment for children starts with a welcoming, family-friendly service'.

Several respondents noted that:

Early childhood services are inevitably whole-of-family support services, so it's important to get to know your families really well before any problems arise (urban Sydney).

Relationships are the key, and you have to make relationships with families the priority so you can take the time to build trust (suburban Perth).

You have to have kids as the heart of your business, realise that relationships take time and patience; they mean respect. You have to spend the time to talk to get to know families; ask what they expect and hope for their children (rural NSW).

When asked to describe family-friendly services, respondents listed key features such as:

- A familiar face in reception, especially an Indigenous person in a setting with many Indigenous children – *'Too often, there are no black faces behind important desks.'*

- A warm greeting/farewell for families from a familiar person at the beginning/end of each day

- Family members being told *'useful things about the child's day; not just they've been good or bad'*

- Staff showing pleasure at meeting the children – *'they model positive interactions'*

- Cultural materials being on display and referred to/used – *'The community is reflected in every aspect of a setting's operation'.*

These features offer a reminder about the relatively simple things services can do to make a difference to the lives of children and families. However, they do require mature, warm people, non-stressful environments, reasonable expectations of staff, modelling and leadership by centre managers, and training for Indigenous staff.

The centre develops an atmosphere of connection with families and all staff work at it. We hold lots of family activities here and encourage families to use facilities such as barbecues; we use any excuse to come together and celebrate (remote Qld).

We hold extended interviews at enrolment. Each staff member meets with a small number of families with children in the age group they teach. We plan these sessions, asking what parents hope for their child and what are the big and little things we should know? (urban Sydney).

We make sure we find out about the significant people in children's lives and make spaces at the beginning and end of the day in case families want to chat (rural NSW).

Staff get involved in the community so people see them 'outside'; they play sport, help at soup kitchens, go to community events – they are seen as people (remote Qld).

When 'the groundwork' is put in with families from the beginning of their association with a setting, it pays off if a problem arises later, but this is dependent on the willingness and commitment of staff , and that cannot be a universal expectation.

Quality of staff

Staff quality was a feature repeatedly emphasised in the consultation. There was some debate about whether 'quality' is dependent on 'qualifications' or on 'experience'. The overall conclusion seems to be that 'there's no substitute for knowledge'. While rich life experience is recognised as valuable, knowledge gained through formal qualifications and ongoing training is seen as essential for professionals to develop depth of understanding and strategic flexibility and confidence.

Quality care and education come from people, so we invest in staff. This and recognition and support enhance job satisfaction and increase staff retention (regional NSW).

We have a deliberate policy of high adult–child ratios with an emphasis on staff qualifications and on-going training and development (suburban Adelaide).

The child care industry is changing, with higher expectations around programming. Carers need to keep up to date. Planning for children's social and emotional development, language and cognitive development is much harder than simply meeting a child's physical needs (suburban Perth).

It is interesting, in a sector that struggles for recognition and where many services struggle for survival, that many children's services providers manage to sustain a commitment to these ideals. Directors remark that 'it comes down to a question of priority within your existing resources – the 'best learning environments' are not necessarily those with abundant physical resources; they are the ones that focus on people.

Those that have parents with the capacity to pay higher fees and/or able to access external resources can cross subsidise staff–child ratios. Smaller stand-alone services and those that are part of larger groupings find this investment in staff difficult.

Assessing children's wellbeing

Respondents advised that practitioners in 'quality practice settings' are generally skilled at assessing children's emotional wellbeing and responding appropriately.

Staff assess informally how a child is settling into care, how they're interacting with other children, how they interact with their parent/s and with staff, how they deal with separation from significant adults and how they respond to daily routines (northern Tasmania).

In the first instance, practitioners support children through ensuring that the environment is safe; they give children comfort and respond attentively to them; they gather information about a child's likes and dislikes and

connect to their interests; and they guide children in positive interactions with others and organise activities to encourage groups of children to play together (northern Tasmania).

Consistency is the key: staff need to ensure that their response to a child is consistent and followed through; staff need to work with parents so that the response of adults at home is consistent with carers' during the day (remote WA).

Initial training can and should provide staff with this knowledge, but maintaining it depends on the leadership, supervision, collegial practices and professional learning opportunities on the job.

A professional culture

'Quality services', therefore, seem to have staff training and ongoing learning as a priority. Centre managers devolve leadership, supporting staff to move into senior supervisory roles and training team leaders so that new and relief staff can be inducted into appropriate practices which support children's emotional and social health and wellbeing.

We have a culture of improvement here – change is expected and staff expect to keep learning. All staff have a passion for the place, for the children and for their work. Staff are happy and supported, so they understand 'we have a certain way of being here'. Staff know where senior staff stand philosophically and we respect and support each other (urban Sydney).

An example of an innovative approach to professional support which is consistent with the promotion of children's mental health is the *Strengths Based Practice in Children's Services* project in South Eastern Sydney, funded through the NSW Families First initiative. This project, operated by the Benevolent Society and Lady Gowrie Child Centre, aims to support change by building positive, people-focused practice and environments. It combines funded training in the strengths approach to working with families and attachment theory and practice with facilitated monthly 'reflective learning circles'. In the monthly sessions participants not only reflect on their own practice but also share and analyse what happens when they take the learnings back to their services and families. A key feature of the project is a fund to allow relief staff to attend. There is also a focus on strengthening cross-sector relationships and networks. The project produces newsletters which summarise the training and discussions and are a resource in their own right. These are available at: *www.gowrie-sydney.com.au*

'Time' was consistently identified as a crucial requirement for the development of a professional climate: time for staff to develop and maintain depth of knowledge and currency of skill, and for them to plan and implement programs that are beneficial to the wellbeing of all children, especially those with high needs. The most effective settings therefore provide paid release for staff to attend meetings, to do team and individual program planning, to attend professional learning courses, to compile portfolios of children's learning, and to communicate with parents. These quality improvement measures have obvious cost implications.

Staff meetings are regular with paid release time – this is explained to parents as increasing professional competence and enhancing support for their child (urban Adelaide).

There is release for programming – four hours per week for two people in each room and the whole team once a month. This supports less qualified staff to take pertinent and useful observations of children and to interpret them (suburban Adelaide).

However, the following example illustrates a relatively low-cost/high-leadership model of professional support:

There is a mentoring program within the centre and staff share insights about children at regular meetings. We have a reflective journal in which we write concerns or triumphs; we write: 'I encountered this…what do you reckon…?' the director and other staff write comments and we discuss issues at staff meetings (suburban Sydney).

Question 2: *How do practitioners support effective parenting that promotes young children's mental health?*

General support

The extent to which practitioners can support effective parenting depends on whether and how often they have the opportunity to interact with parents and the quality of the relationships they are therefore able to build.

The following examples demonstrate the complexities associated with providing support for parenting:

- In the centre of Sydney, Ashfield Infants Home is able to provide a rich set of expert services for vulnerable children and families.
- In northern Queensland, children travel to preschool on buses, and contact with parents is minimal.
- In Shepparton, staff travel on the buses to collect and return children and connect with parents when they can.
- In Broome, some parents are in a medical treatment centre with their children, but the priority is adult rehabilitation.
- In outlying areas in the Kimberley and in western NSW, families can be reached only by mobile services.
- When children are moved around different foster families the connection between children's services staff and families is often fractured.

Some practitioners report that, while parents may not be comfortable about coming regularly to a preschool, they would always be willing to come for an interview if staff had a concern.

Other respondents report that parents 'hand over' their children and do not expect to be involved in solving problems:

Communicating with parents is an issue when often they say 'there's nothing wrong with my child' and some families are tough to work with. They see us as baby sitters and it's hard to get them to take up their responsibility to work with us in the interests of the child (focus group, urban Sydney).

In general, respondents indicated that their approach to supporting effective parenting is relatively informal and *ad hoc* – such as using opportunities to discuss children's achievements and/or concerns when parents drop them off or collect them.. On these occasions, some staff model positive ways to manage children's behaviour and are careful to approach the family with comments such as: *'Have you noticed…?', 'I find she responds well when I…'*

The most effective practitioners are conscious that fostering children's emotional wellbeing and healthy social development has to be a partnership, and they are very thoughtful about their approach to parents.

We pick up on parents' cues for what they need – information on nutrition, sleeping, behaviour… we are constantly monitoring the whole family so we can help (urban Sydney).

We should never judge, we're not in their shoes. It's important to build trust, show empathy, model and act it – don't just say it (focus group, rural NSW).

It helps to really know the family before coming to the conclusion that a referral is necessary. Sometimes all that's necessary is putting parents in touch with others travelling the same line (regional WA).

We support parents to support children at home because children benefit from continuity, consistency and predictability. We talk gently with parents about children's behaviour, explaining it from a child's point of view and pointing out that our responses give messages: 'What is smacking or shouting saying to the child?' We remind them: 'You're the adult, you're in charge. It might get worse when you first take charge because the child is used to being in control, but they need you to be strong and reliable. Don't give in, look for the positives, encourage them explicitly…' (suburban Sydney).

We plan for a high level of communication between staff and families. We talk to parents about their babies, drawing their attention to developmental shifts and involving them with any concerns we have. We use Learning Stories and portfolios of children's work that we send home and use in interviews. Many parents write a little story about the child's learning at home and older children read their own and comment. Staff use micro-strategies such as mini-observation forms when children are outside, digital photos which we caption and make into books, kits we send with families when they go on holidays, so the child can keep connected to us… (suburban Adelaide).

We always communicate about sensitive matters orally; a letter can be so cold, it makes people defensive. If we're worried, we'll give parents a ring, but we try to get in touch first for a positive reason (urban Sydney).

How staff approach families is vital. It's about relationships, so one or at most two staff members should relate to particular families. Having an age, gender and experience mix is good because some families can relate more easily to a particular generation. We need to create a space where parents feel safe to say: 'I'm having problems'. Many parents rely on the expertise of carers (focus group, urban Sydney).

In working with parents, staff need the capacity to delay judgement, but also to know when, where and how to refer a concern in the interests of the child's safety and welfare. This has implications for training, leadership and supervision, issues which will be taken up in relation to Questions 3 and 4.

Systematic support

The consultation also encountered examples of systematic support for effective parenting.

Understanding about 'Attachment' and the 'Circle of Security' provide the theoretical foundations for a number of such programs. Theoretical understandings and strategies that support mental and emotional health should be central to the work of all professionals who work with children and families and included in professional training, even if they are unable to access funded programs such as those described below.

Home visiting

Dr Mary Hood, at the Attachment and Relationships Centre in Adelaide, explained the Family Home Visiting

Service operated by The Children, Youth and Women's Health Service of SA. The service is based on a 'Universal Contact' model which 'offers an initial contact in the home by a nurse soon after the birth for every child born in South Australia. It enables early identification of family and child development issues…' (Service Outline, p. 5) and is followed up with home visiting for selected families. The program includes *Pathways to Parenting – the Indigenous Way* which aims to provide a culturally sensitive environment for communication and assessment. Family Home Visiting incorporates attachment theory and practice from the Circle of Security model.

The Circle of Security model uses video tapes which parents watch with an 'expert observer' to learn whether or not they are providing a safe base from which the child can explore and a safe haven to which they can return.

> *Results suggest that the Circle of Security (COS) protocol is a promising intervention for the reduction of disorganized and insecure attachment in high-risk toddlers and preschoolers* (Hoffman et al., 2006).

Feeling Attached

Wendy Thiele, Perinatal Mental Health Coordinator at the Family Unit, Helen Mayo House in Adelaide, described the training she initially developed for GPs and health professionals under the title *Feeling Attached.* The training provides baseline knowledge and skills in mental health and women's mental health, and a total of 12 programs have been conducted across SA, WA, ACT and Victoria, with an emphasis on highlighting local services and resources and developing cross-disciplinary networks. A related *Connecting Mums* program has been developed for Aboriginal mothers and babies and has been piloted at Port Augusta, SA.

Through the Looking Glass

The *Through the Looking Glass* (TtLG) project brings a number of these elements together in a child care environment. Successfully piloted at the Lady Gowrie Child Centre, Adelaide, the program has been expanded to include several other child care sites within the state, and in Perth and Brisbane, with funding from the Australian Government Stronger Families and Communities strategy. The manager, clinician and senior staff at Highway Child Care, Salisbury SA described the program thus: 'Within each of the participating child care sites a clinician is employed specifically to work with families in partnership with the child care staff. An 18-week group program is conducted for two hours per week for mothers as the primary carers. Parents explore attachment relationship needs through video taped segments. Child care is provided so mothers can attend and the sessions are co-facilitated by the clinician and a child care worker. At other times, the co-facilitator releases other staff to discuss concerns with the clinician. In this way, the model builds the capacity of on-site workers and consistency in staff-child-family interactions. Specific group sessions are provided for fathers.' This service also has a systematic commitment to employing qualified staff.

Community worker models

At Coolabaroo Neighbourhood Centre in Thornlie in suburban Perth, an Aboriginal Community Support worker has been funded through Child Protection services to minimise risk in families with children aged 0-3 years. She conducts information sessions on topics selected by participants and undertakes counselling and parenting programs. There is funding for care for children while parents attend sessions, and attendance is voluntary. The worker is 'hands on' in the community, has a say in early years programs, and can voice family needs. She links to other Indigenous groups and programs in the district. Participants help source funding

for particular events and are gaining the confidence to present sessions themselves. Mother-and-baby swim sessions have been very popular and have aided attachment.

You've got to be flexible and get to know people really well. Having child care available is really important – and nice food helps! – You've got to be open to difference and listen and learn when people tell you 'that's not how we raise our kids'.

Listening to Children

Happy Valley Child Care Centre in South Australia found *Listening to Children* workshops conducted by Community Transformations valuable to parents and staff. The approach teaches participants how to use listening strategies that foster healthy adult-child connections and enable adults to understand a child's behaviour, rather than simply trying to control it.

Through participating in the program, staff can now talk with parents in an informed way about children's needs for connection and about the reasons for behaviours. The program allows time for sharing successes and concerns and puts adults relating to a child on the same wave length (suburban SA).

Question 3: *How do practitioners support children with high mental health needs?*

Children exhibit high mental health needs in various ways and present different challenges to practitioners in their range of different circumstances.

'Infants' and young children's emotional and mental health needs vary across a continuum and require an appropriate response at all levels of the continuum.

A baby who has been separated from her main caregivers and is distressed and crying over a whole day may cause considerable worry to her family day care carer or child care worker, especially if they have other infants needing them as well. However, it is likely that an understanding of the baby's needs for a secure base will help staff and parents to respond in ways that will overcome this problem. A toddler in a long day care centre who is bedwetting, afraid of the dark and often sick is likely to be responding to environmental stresses that an understanding and trained caregiver together with a parent can address successfully by understanding the behaviour as a communication of stress. A preschool child with autism or a traumatised refugee child will need the service to have access to professional mental health assistance both for the child and family and for the staff who care for such children.

With absolute consistency, respondents emphasised 'children's behaviour' as the most pressing, time-consuming and distressing problem. It is of concern that they did not usually regard the behaviour as a communication from the child about their needs. The focus on 'children's behaviour' tends to indicate that practitioners may not have the skills and knowledge to recognise which behaviours may be linked to more serious underlying mental health difficulties, and it is in this area that training and ongoing support for early childhood staff is most needed.

Respondents provided the following examples and comments:

Many children have sensory integration problems with non-compliant children placing stress on staff (de-identified).

Children who have experienced loss and trauma have difficulty self-regulating. We understand why the behaviours such as hitting occur, but we have a duty of care to all the children' (de-identified).

We have a child who bites other children. We had to bring his mother in to show her the harm he'd done to a little girl. The staff and the parents have tried everything they know (de-identified).

Some children don't fit the box. They're never going to fit in at school and they'll be sent from school to school and expelled before they're 8. Carers and teachers in the early years weren't trained for this level of acting out (focus group, Sydney).

General behaviour management training affects staff immediately after the sessions, but either it does not last or it is not effective with children's more serious problem behaviour (rural Victoria).

When we send people to behaviour management training, they say it's the same old, same old and they need more sophisticated strategies to help children with really big problems and to survive themselves when confronted with extreme behaviours (urban Sydney).

We worry about the quiet and potentially withdrawn children because the noisy ones demand all the carer's attention (urban Qld).

One child with high needs in a group means that all children in that group have additional support needs. There is a critical mass of children with difficulties beyond which even the most experienced carer/teacher struggles to cope (rural NSW).

Some children's mental health needs appear 'environmentally based' – connected to the parents' mental illness or substance abuse – this means that problems have to be dealt with at the whole family level. Staff don't have the skills to cope with such complex situations; the family needs intensive help (rural NSW).

We concentrate on the adults in rehabilitation and have a good rate of success. Our clients' capacity to parent has been impaired; there is a loss of attachment for parent and child. There is poly-drug use and many parents have had poor models and they often have no family or community support when they return home. We would like to strengthen the children more so they can live better with their circumstances (remote WA).

Children in protective care

Children in protective care face particular relationship problems which affect their emotional health. When parents and other important adults come and go in children's lives, the child's sense of trust and security is potentially badly damaged. In some instances, after being taken into care, children are moved around foster family locations, requiring them to adjust to new adults and 'siblings' with changing enrolment in various learning settings. Children fear the loss of the foster family as well as their parents and are wary of connecting too closely with child care or preschool staff, or with the passing parade of playmates.

The carer may be the only constant person, so continuity of attendance at a familiar centre is vital (suburban Qld).

A two-year-old boy is in the custody of his grandmother. His grandfather, who had been in the home, has now been denied access. His mother comes and goes. The child is confused about which adult is his primary caregiver and the instability is reflected in his inability to sustain positive interactions with staff or other children. He is dropped off and collected by different members of the family, so staff are unsure who to refer to about his needs (de-identified).

We don't always know where a child has been or where they're going next. This is to protect the child, but it makes it hard for staff to meet a child's needs quickly. It would help if we had a planned transition process with child safety officers through which carers were informed about children's significant needs at the conceptual level, without necessarily disclosing confidential family information (suburban Sydney).

Identifying problems

A number of child care directors who are skilled educational leaders reported that the identification of children at risk of problems with social or emotional health currently occurs through:

- Training for staff – although 'training about serious mental health issues is not included in TAFE courses or current PD'.
- Building trust with parents – so the family situation is known and all catalysts for a child's behaviour can be understood.
- Observing adult-child interactions – reception staff can be very non-judgementally informative.
- Being able to call families in and 'yarn without shame or blame'.
- Using knowledge of 'normal' child behaviour at different ages – knowing when to worry.
- Observing children and noting if they don't settle in after a reasonable time, or if a known child appears unusually anxious, timid or dependent.
- Using existing frameworks and wellbeing instruments, including specialised checklists from health and social work agencies, medical professionals and church groups.
- Learning to ask 'why' is the child sad, angry, biting, shy….
- Listening to children – really taking notice of the child.

Experienced staff pick up on children's cues – changes in behaviour, regression, aggression, changed reactions to adults or other children. They look for the reason behind a child's behaviour. Centre managers know the local referral systems and are available to advise staff (suburban WA).

Diagnosis and referral

Early diagnosis, referral and therapeutic intervention are vital in many of these instances – for appropriate support of the child and family, for the wellbeing of other children in the group, and to provide reassurance and professional support for the carer. However, diagnostic services are not always available. In isolated locations, for example, clinicians visit on a fly-in fly-out basis about twice a year. In other places there may be lengthy waiting lists and/or a shortage of health professionals knowledgeable about early childhood.

Respondents reported the following difficulties:

It is difficult getting a child diagnosed before the age of four, even when the problem is serious and apparent,

because doctors may be loathe to label a condition too early or they may interpret the child's behaviour as a minor developmental delay, or due to poor parenting (rural NSW).

There are lengthy processes and time lags with support for children with high needs. It's particularly hard to get Occupational Health and Speech therapy and skilled support for children on the Autism spectrum. Even if a child is diagnosed, you might get an assistant for five hours per day when the child is at the centre for seven and you'll need to reapply every year (focus group, Sydney).

Child care providers lack the funds to 'hire in' diagnostic and therapeutic services, so a child might have to wait until school enrolment. That's far too late for intervention with serious problems (regional WA).

You can't get support for acting out children, because diagnosis is seldom feasible, and if diagnosed, support is usually limited, irregular and has gaps. Parents, as well as staff, are often at their wits end about a child who is consistently defiant and resistant to argument or persuasion (focus group, rural NSW).

Other services have been able to organise good networks for assessment and support. At a MACS in suburban Sydney, for example, a South East Area Health Worker visits the child care centre once a month with an Aboriginal assistant. They conduct hearing, sight and general health tests and advise about developmental delays and children's behaviour. (It should be noted that while this model is ideal, there is no capacity at present to provide such a service as a routine in all child care settings.)

Staff explain:

It is essential that clinicians have an early childhood background and are prepared to assess a child in their care context, in collaboration with experienced carers. If assessed in a clinical environment, when we see the report, we think 'that's not the child we know'.

Centres have to be proactive. We used to have a speech therapist who visited at the end of the year before school. We've arranged regular visits to get a full program we can implement over the year. We advise clinicians not to 'therapise' Aboriginal English and we incorporate her strategies into the program for all the children; it's less isolating and more efficient and all children benefit from focusing on particular words and learning where to use them in a sentence.

Shepparton, as a country community with experienced staff who are well-established in the district, is also in a privileged position. The preschool uses SCOPE, a disability service with an early years' adviser as first point of assessment and support. The assessment and support are delivered at the preschool. Local networks to support children and families are strong across the range of early childhood settings – Indigenous and mainstream.

We realised early that our families don't want to trail around getting services for their children at different locations, so we try to bring the services to them. Local paediatricians and GPs are informed and helpful to families, playgroup coordinators meet regionally to discuss issues, in-service and conferences are organised by VAEAI and conducted regionally and staff at Lidje, Batdje and Echuca meet.

Again, it must be acknowledged that in many, many other cases, therapeutic intervention is extremely difficult to access:

Directories are a good resource and we use them, but it's the waiting lists that are the problem. If families have

to wait a long time for services, or get passed around, they are often put off or they know this and just don't bother. A mobile service where speech and other professionals can come into the centre environment regularly would be ideal and more family-friendly (rural NSW).

Models that work with high-needs children

Respondents to the consultation identified a number of approaches they regard as valuable in fostering the emotional and social wellbeing of all children and which are particularly beneficial for children who are at risk in relation to their mental health. The examples indicate key principles that could be enacted in different circumstances – with appropriate resourcing.

Attachment matters and partnerships in early childhood

In Sydney, Dr Robyn Dolby has developed a program to support staff, children and parents where children have severe emotional and developmental difficulties. The *Attachment Matters* project is now in its seventh year. Based on the Circle of Security model and operated by the Benevolent Society with funding from the Robert Christie Foundation in Sydney, the approach involves 'layered support for reflective practice'.

A child and family professional (psychologist, social worker or early childhood educator) works alongside the staff for four mornings per week. She introduces staff to a framework through which to observe and interpret children's emotional development, using the Circle of Security and Maria Aarts' (2000) Marte Meo developmental support program which focuses on ordinary moments in daily interactions between staff and children.

The project introduces a structural element in the form of 'play spaces' that enable good emotional links to be made at the beginning of the day between teachers and children and teachers and parents. The 'visiting expert' acts as a person to turn to and who can assist in interpreting video footage of adult-child interactions and facilitate the use of this strategy as a reflective tool. They are also available for consultation with parents.

Staff report that their views of children's behaviour have changed from 'How can I control these children?' to 'How can I be a secure base for these children?' The children's behavioural and emotional problems have significantly reduced, with consequent improvements in staff morale, workplace satisfaction and retention. (Dr Dolby's work on the project is documented in an ECA publication in the *Research in Practice* series, 2007.)

> *The Attachment Matters process is made for children with high level emotional needs because they have a particular need for connection* (Dr Dolby).

The research from *Attachment Matters* informs and supports a larger-scale project, *Partnerships in Early Childhood (PIEC),* which is also operated by The Benevolent Society with funding from the Australian Government's Stronger Families and Communities program. *PIEC* extends the program to child care providers in Sydney's Inner, South West and South East suburbs and the local government areas of Gosford and Wyong on the NSW Central Coast, and includes a focus on child care centre staff, children, parents, and strengthening community networks.

Primary Care Giving and Circle of Security

In Adelaide, the Lady Gowrie Child Care Centre has moved in similar directions. The director explains that she has instituted Primary Care Giving structures and the Circle of Security model based on Attachment

theory. They have been involved with the Through the Looking Glass program which was funded through the Commonwealth Government's Stronger Families and Communities, Invest to Grow Strategy.

The Primary Care Giving relationship structure was originally applied to babies, then toddlers and now all children; the structure means that a core of full-time staff care for particular children and become the primary point of communication for their families.

> *Through strong, secure relationships, staff are more easily able to pick up on children's individual cues and to comfort and support the child. The model builds children's independence by providing a secure, responsive base from which to explore and gain confidence.*

> *A post-graduate researcher noted that when children had behaviour problems they were more contained in close proximity to their primary caregiver and able to engage with learning.*

It should be noted that a number of respondents suggested that they used variations on the Primary Care Giving model, but keep the connection between child and carer 'fluid' and flexible, monitoring when a child is ready to move on with a group of friends to work with another carer.

The Circle of Security model has been used in the centre since 2001. It involves staff seeing themselves as a safe haven and key responder to children away from their homes. Video footage is used as a reflective opportunity for staff, who interpret what is going on not in terms of 'right' or 'wrong', but in terms of the adult's availability and its apparent impact on the child's security. Attachment theorists emphasise that the adult needs to come to understand their own 'state of mind' and recognise the triggers for their reactions to children's behaviour that arise from their own experience.

> *We need to recognise the complexity of contemporary early childhood work and provide intensive, ongoing support to maintain currency of knowledge. Practitioners can easily exacerbate children's behaviour because they don't know alternative responses. Intellectual learning for staff can be transformative; it requires a supportive, but demanding, professional environment.*

Question 4: *What resources are currently available and useful? What kind of resources could be developed that would be realistic and of value in the various contexts?*

'Resources' can refer to people working in the sector, the characteristics that enable them to be effective and the funds that cover the associated costs; it can refer to the professional capital developed through effective professional learning programs; and it can refer to material resources which include items such as posters, publications, film materials and websites; all three interpretations are considered in what follows.

People, time and support

Universally, respondents in the consultation commented that 'the most valuable resources for us to do our job of supporting children and families in emotional health matters are time, people and on-the-job support'.

> *Staff need paid free time, within the working day, to increase their skill level and contribute to their sense of professional worth* (regional NSW).

Training that stimulates and challenges you is really vital, but you need follow up support and spaced learning so you can try ideas out and get together again to confer. Staff need knowledge, PD, on the floor support and time to yarn (focus group, Sydney).

Early childhood qualifications are an essential prerequisite to quality work, especially with vulnerable children and families, but training per se does not have a lasting effect. Intensive, on-going work is necessary to maintain staff currency of knowledge and their skill and range of strategies, but also their enthusiasm (urban Adelaide).

We need training that's tailored to local circumstances and implemented with support on site with the staff that deal with children's emotional problems daily. Those of us who went to uni know about attachment, we can take observations, note inappropriate behaviours, request assistance – it's knowing what you don't know and how to fill the gaps that counts (urban Sydney).

The borderline children are our biggest worry – usually you can't get help at all because they don't fit a category. We need a regular, reliable person to share problems with (urban Sydney).

Having a person at a centre regularly raises staff awareness and skill and supports a change in thinking – from 'How can I manage this child?' to 'How can I help this child?' Such a person has to work hard at not coming across as an expert; they have to acknowledge staff strengths, set an example and set tiny goals. It helps if staff can be helped to recognise their own sensitivities and to see how that impacts on how they are with particular children (suburban Adelaide, Through the Looking Glass project).

We need extra people to give a child extra support, or to release staff to do so; to liaise with other agencies, or to set up a placement. We need strategies for dealing with vulnerable families and children (focus group, urban Sydney).

The Lady Gowrie Child Centre, Sydney which has made the financial investment in time, people and subsidised access for vulnerable children summarises its approach thus:

- Strong focus on family involvement and ongoing communication with families.
- Ongoing strong support for 'programming' time, staff meetings and professional development.
- Additional financial support for some designated children who would not otherwise be able to attend the centre.
- Low adult–child ratios and overall group sizes – 1:3 ratio/6 babies in the group; two-to-three-year-olds – 1:5 ratios; three-to-five-year-olds – 1:8 ratios.
- Staff rostering to ensure long day consistency – 9.5 hour/four-day week; a third permanent staff member in a group to provide consistent cover for days off.

The South Australian Early Years Aboriginal Literacy Program, provided by the Department of Education and Children's Services (DECS), also demonstrates the power of additional resources to improve teaching effectiveness and children's engagement with learning, with particular attention to the needs of Aboriginal children.

The program is based on the informed belief that improved learning outcomes can occur when:

- families are supported and are able to connect with the centre and staff
- children have greater opportunity to receive additional support and attention

- home environments and values of children and their communities are included in their learning.

Ten early learning settings across South Australia are involved in the program which places an additional 0.8 teacher resource at each site, provides professional learning and research opportunities to staff, and helps educators to recognise and build on the learning Aboriginal and Torres Strait Islander children bring to the child care, kindergarten or preschool setting.

Participants proffer the following comments:

The ability to focus on children who have special learning needs is a big plus. These children often slipped through the cracks and it was not always possible to meet their needs.

The program has highlighted the importance of strong relationships for effective teaching. It has allowed me time to establish relationships especially with more withdrawn children.

Child care and preschool teams have implemented programs together, developing sustainable approaches to support the learning of Aboriginal children.

Building knowledge and capacity

The consultation suggests that there may be a set of 'essential knowledge' for all educators, health professionals and parents who wish to be responsive to young children. Programs such as *Feeling Attached and Attachment Matters* provide information to participants about early brain development and the long-term impact of a lack of social and emotional support on a child's capacity to sustain relationships and to self-regulate; facilitators explain the lasting effects of family violence, grief and loss – often over generations; and they help adults to understand the effect of their own childhood experiences on their 'state of mind' which then affects their responses to particular child behaviours.

In the South Australian Department of Education and Community Services, 'an Inquiry approach' has been utilised to great effect to build staff's reflective capacity about their relationships with and responses to children. Some other locations commented that such as approach requires staff to have solid academic qualifications on which to base critical inquiry into their own practices. However, this is disputed by advocates of the approach, who point to the professional growth of less qualified staff. It is generally agreed, however, that for an inquiry approach to work, the issue (such as children's emotional wellbeing) has to be an existing priority for individuals and the centre and the approach has to be consistently applied across an entire setting.

The use of video footage viewed by parents and/or practitioners with an expert adviser is a core aspect of practices based on the Circle of Security. Viewing tapes of adult–child interactions allows participants to make their own discoveries about their responses to children's behaviours in a non-judgemental environment.

They learn that adults need to watch over and let children explore, reconnecting as required and being available. They learn that adults need to be bigger, wiser, stronger and kind. They learn that children have innate behavioural patterns; they're not out to get you! (Dr Hood, Adelaide).

Staff video children and look at the clip together with the psychologist. Less trained staff become able to say: 'When they do that I want to send them away, but I'd like more ideas on what to do instead' (Dr Dolby, Sydney).

Material resources

The overall message from the consultation is that any materials developed as a consequence of this study should take account of:

- what practitioners currently do (recognising the range of competence across the sector) and what would support them to do it better
- what practitioners need to know that they do not already know
- which features characterise 'successful' resources
- which development and dissemination strategies will ensure maximum take-up.

What practitioners do

Essentially, capable practitioners in early childhood services identify a problem or concern about a child on the basis of their initial training, their subsequent experience, conferring with colleagues and seeking the advice of the centre's manager or director. Where support services are available (Indigenous Professional Support Units/Inclusion Support agencies/Child and Youth Health Services personnel), practitioners call on them for further diagnosis and referral. Where there are strong local networks with other agencies, the practitioner and/or the manager engages them to support the child and the family. In all cases, practitioners involve parents or guardians in assessment, referral and treatment processes.

Qualified practitioners call on their knowledge of child development and their understanding about a child's personality and family circumstances to decide whether a child's behaviour is consistent with what they would expect for the age group. They consider background causes such as speech or hearing difficulties that might lie behind, for example, apparent shyness and lack of engagement.

This begs the questions:

- Are there instruments available for the assessment of young children's emotional and social wellbeing? and
- If they were widely distributed could they assist practitioners in the first stage identification of children with additional needs?

The answer is 'yes' and 'no'. Health professionals such as Dr Mary Hood, for example, say 'there are instruments which give indicators for concern, but they need an accredited observer'. The Department of Education and Children's Services in South Australia has invested considerable resources in the development of a Wellbeing Observation Instrument based on the work of Ferre Laevers at the University of Leuven in 1976. This provides professionals with a tool for the assessment of educational settings. It looks at the emotional wellbeing of children and their involvement in activities as a measure of quality.

A number of respondents expressed reservations about the direct applicability of the Leuvin model to children's services settings:

The Leuvin model is not a tool to use with 20 children. There are big training issues to ensure accurate interpretation (suburban Adelaide).

The Laevers Scale has limited use in child care. It was designed as an instrument to assess the environment, not children and it's certainly not workable for all staff – especially less trained staff. The model of observing around 'engagement' is most useful for skilled staff looking closely at a few children for whom there are concerns (urban Adelaide).

Notwithstanding these reservations, it is obvious that practitioners have to make informed judgements about children's wellbeing and development every day and the consultation identified a strong overall request for 'alerts' that would help staff recognise a child's potential difficulty in social and emotional development.

There was agreement that any materials highlighting 'indicators for concern' should be accompanied by advice on how practitioners can usefully and safely respond and by training in the accurate interpretation of findings from observations. Such materials would need to be especially mindful of limitations on individual practitioner training, experience and access to referral services.

It's not helpful to diagnose and label unless you know what to do then. It's about relationships and responsiveness (urban Sydney).

However, the SA Learner Wellbeing Framework and Wellbeing Observation Instrument indicates some fundamental principles that could be applied to resources produced for the children's services sector more widely: the materials have strong theoretical foundations; they communicate key messages clearly; they focus on important aspects of children's wellbeing in positive terms – happiness and satisfaction; social functioning; and dispositions. It would be possible for skilled and experienced practitioners in the children's services sector to develop and trial resources of this kind about young children's social and emotional health. Such resources could inform colleagues, including those with less training and knowledge, about how to intentionally change their everyday interactions with young children to better support their wellbeing.

What practitioners need to know

The consultation produced an exhaustive list of the kinds of knowledge staff need to operate effectively, especially in relation to vulnerable children and families:

Respondents suggested that the following areas of 'knowledge' are essential:

- About young children, their expected patterns of development and when to be concerned.
- About social and emotional health and how to provide the best environment for it to flourish.
- About attachment and security and understanding their role as adults in creating a secure base for all children.
- About designing and implementing programs that engage children and minimise misbehaviour.
- About current approaches to guiding positive behaviour and about specific disorders that might underlie social and emotional maladjustment.
- About policies, protocols and procedures for dealing with problems.
- About the local community and how to access support for children and families.
- About cultural ways of parenting and about being a child in the particular community.

Features of successful resources

The Advisory Group at its July meeting identified key principles underpinning a resource that might emerge from the project. They stated that any resource, whether a tangible set of materials or a guiding approach, should:

- build capacity – show people how the little things they do make a difference
- be flexible and adaptable – not one size fits all
- realistic for the range of circumstances of its use
- be sustainable as ongoing practice
- recognise that services are time-poor and 'priority diverted'.

These principles inform the final recommendations in Section 8 and were supported wholeheartedly by respondents in the consultation whose specific comments are expressed below.

Development and dissemination strategies

Respondents to the consultation agreed that the development and dissemination of any materials ought to be undertaken in a planned, strategic way, with maximum consultation with the potential users in their own locations. 'Yarning methodology' has been used in the consultation and respondents advise that a similar approach should be employed in the next stages of the project.

The focus group in Cairns offered the following summary:

- Get really local input from staff and community in developing any resource. Then it might be relevant, contain images people can relate to, and have a better chance of being accepted and used.
- Include local scenarios and case studies that are representative of the range of service settings.
- Leave workshop processes to local presenters; just give key principles, facts, content and some handouts, but not 'a manual' – some may use small group sessions, others may convene bigger meetings.
- Work through local people to find out 'the best way to introduce materials here'; involve organisations such as VAEAI, IPSU and RAATSIC who should have local rapport.
- Introduce materials and programs in ways that build enthusiasm, not as an imposition. Be proactive; don't expect the clients to come to you. Recognise that not all services might wish to be involved; if it's good, word of mouth will get people there next time.
- Ensure that local communities can realistically attend and conduct information sessions; package content in 'small bites' because some localities will need to run sessions between, for example, 6pm and 9pm.
- Remember that many settings will have minimally qualified staff.
- Get training accredited through RTOs and then get content modules into TAFE courses.
- Include all relevant local agencies in information sessions. Make the point about the complementary nature of services for young children and families – care, education, health and welfare providers.
- Don't promise or expect change overnight; work on three–five-year dissemination and implementation.

Family Day Care coordination on the Gold Coast added some particular points from the point of view of their constituents:

- Remember that the required training for Family Day Care carers is only 15 hours per year, with co-carers (often spouses) only required to undertake 10 hours per year. 'Bite-sized chunks' will be needed if FDC providers are to engage with new information.

- There is no tradition of professional development in FDC. While carers who undertook modules on child development recently said it 'helped to know what you're looking for when observing children', others believe they get this knowledge from experience and don't need any formal training.

- Consult Family Day Care and in-home carers about their precise information needs. They may need specific indicators to know when to ask for advice. Coordinators can be called in if a carer is worried about a child, but carers will not do so if they interpret behaviours as 'naughty' or 'bored' rather than as indicating a more serious underlying problem.

- Many Family Day Care carers say they find it hard to talk with parents about a child's problem. They feel their relationship with parents is different from that of centre-based staff. They may need advice on communicating with parents.

- Make sure that Family Day Care and in-home care environments are visualised in materials. Choose language carefully – 'service or setting', not 'centre'; 'setting up activities', not 'programming'; 'making notes on a child's day', not 'observations'.

- Some Family Day Care carers have had children in crisis placed with them. They need particular training, advice and materials, especially around observing children for the impact of trauma and knowing how to respond.

- In-home carers face particular challenges. They have to use their own resources and they are isolated in terms of health and safety issues. They may be dealing with a family with multiple mental health issues

- Grandparents who have full-time responsibility for a child, especially one with a disability, need particular forms of support, as do the carers who may work in their homes.

Professional Support Coordinators in each state are responsible for the current FaCSIA professional support program. These officers could provide an avenue for customised training which could support Family Day Care services in enhancing children's general wellbeing.

7. Issues and implications

Gap between 'quality practice' structures and generally achievable structures

While a number of the services examined in this project exemplify quality practice in the sector, they are not representative of the majority of services across the nation. It must be recognised that there are many services where survival and basic safety are necessary priorities and there is little opportunity for a more positive focus on children's mental health and wellbeing. This is because the basic conditions include large group sizes, staff–child ratios which place strains on adults and children, inexperienced staff, poor levels of qualified staff and high levels of casual staff. In fairness, it must be acknowledged that where there is high-quality practice there are generally additional financial resources which are being paid for by parents who can afford higher fees, and/or by some form of sponsor subsidy, and in some cases by government grants supporting targeted inclusion or innovative demonstration projects. Most early childhood services are required to operate as businesses, and struggle with the tension inherent in the nexus of affordability for parents/quality of service delivery/financial viability.

Implications: Performance requirements of the early childhood sector need to focus on what is realistically possible, and resources should 'show people how the little things they do can make a difference'.

Availability and retention of qualified staff

This is a recurring problem across Australia, linked to status, pay and work conditions and in some cases to issues of financial viability resulting from low enrolments. The problem is exacerbated in remote areas, where it affects the availability of staff for all duties – groundskeeper, cook, bus driver, carer, director. One outcome of these circumstances is that many people acting as directors in services are young and/or inexperienced, and these staffing issues present them with nearly insurmountable challenges.

Implications: Mentoring and focused support systems should help inexperienced and less qualified directors to prioritise tasks, complete requirements for funding and accreditation, manage staff, and relate to the community.

Gap between policy and practice

This issue is connected to leadership and supervision and basic staff numbers and skills, and is often a direct outcome of the two points above. Templates for policies such as Guiding Positive Behaviour are available on line. However, many staff appear unaware of them and there is evidence of everyday practice that is in opposition to stated policies. At a more fundamental level, policies are useful only if staff have a real understanding of children's needs, respect children as individuals, and see parents as partners.

Implications: Sample policies need to be realistic and achievable, to be expressed simply, and could include step-by-step procedures for staff to follow. Examples of very helpful staff handbooks were observed, and would provide good models for presenting information of this kind – policies and procedures – for new managers and the induction of new staff. Professional development programs need to help practitioners understand the sources of the beliefs that underly their practices. Often, responses are based on unacknowledged assumptions and personal experiences that lead individuals to make negative judgements about children and their behaviour.

Living in a community

Staff in small communities commented that 'it is difficult being a well known member of the community because you're very aware that you could lose trust or cause divisions by e.g. referring a child for help'.

Implications: An induction handbook for new staff should explicitly remind them that 'you are a professional in this setting. That means strictly observing confidentiality and acting always in the child's interests.' Models such as the 'Child First' child protection posters were cited.

Fields of expertise

Several respondents counselled against practitioners moving too far outside their base of expertise. They suggested, for example, that 'art and play therapy' is appropriate when undertaken at a service such as Ashfield by expert clinicians, but there are dangers in practitioners encouraging a child to disclose traumatic events in their life unless you know how to deal with the information. On the other hand, saying 'we don't talk about that here' is not a helpful response to an anxious and distressed child.

Implications: Staff need to know how to observe children, how to manage their problems on a day-to-day basis and how to refer them on, even where the availability of follow-up support may be limited.

Cultural inclusivity

Many services pay special attention to using community terms such as 'Auntie' and 'Uncle' in Indigenous communities and songs and rhymes in local languages. Many centres with refugee families make efforts to acquire bilingual services for communicating with parents. However, 'cultural sensitivity' is often a more complex matter. One centre, for example, explained that refugee families were often 'fearful of handing over their children' and had 'different ways of child rearing to those we sanction'.

Both 'sides' need to know each other's ways and be explicit about how things are best done. 'It's best to be briefed enough to set up with respect, then listen and learn'.

Implications: Training packages should include components that inform participants about different cultural ways of raising children and help them to understand their own biases and beliefs.

Transient and mobile families

Across Australia it is often the most vulnerable families that are the most transient, moving in search of work or to connect with extended family for social and economic reasons. Children in such families may have already caused concern to early childhood practitioners in one location and been referred on for further diagnosis and intervention. Unfortunately, when the family moves, especially if they move often, the knowledge about and support for a child's difficulties does not go with them.

Implications: Notwithstanding the potential difficulties, systems for the confidential transfer of vital health and development information to relevant professionals should be investigated.

Transitions

Transitions are important phases over which children need support to thrive. All children experience transitions and most handle them well. However, some transitions are more stressful than others, and vulnerable children need additional support to 'cross particular bridges'.

Children who are in protective care require special help to return to a situation that may have been traumatic but which is now deemed 'safe' by responsible adults.

Perry et al. (2006) cite the 2004 Report of the Review of Aboriginal Education by NSW Aboriginal Education Consultative Group Inc and NSW Department of Education: 'The numbers of Aboriginal children accessing mainstream prior-to-school services is low. One suggested consequence of this is that many Aboriginal children are reported to have difficulties as they make the transition to formal schooling.' Their report of the NSW study offers valuable principles that could be adapted by children's services settings where Aboriginal children are enrolled and by early schooling where children come straight from home.

Highly supportive settings make transitions a priority. They make time for parents and children to settle into a service; they ease children between caregivers when it is time to move on; they arrange for staff to travel on buses to connect home and care/preschool; they employ Indigenous transition workers to link families to school options and staff from the centre visit neighbouring schools and arrange exchange visits between care and school staff; and they ensure that vital information is exchanged in a respectful way, sending a checklist and a letter about each child to the next teacher, giving families a copy. Most importantly, they establish sound and mutually respectful relationships between people.

Models where early education and child care are seamlessly integrated into single programs, such as those visited in NSW and South Australia, assist such relationships. Co-location models (child care and kindergarten/ preschool/other family services on one site) enable ease of communication between the different sectors of education who work with the same children and families.

Implications: Transitions for young children need to be planned for; information on 'successful transitions' should be included in a package for all children's services locations and for early schooling.

8. Recommendations

The overarching goal for this project is to 'build the capacity of early childhood practitioners to understand and respond to mental health issues'. It is clear from this study that initiatives designed to support practitioners in children's services in relation to those issues must address the realities of the context they work in and incorporate a set of key principles that reflect that context.

Context

This study has been undertaken in the context of the early childhood sector, which is diverse and complex. The characteristics and needs of the sector must be taken into account in developments which will make up Stage 3 of the Mental Health Early Intervention Measure – Early Childhood Component.

 In particular, Stage 3 will need to face the reality that the majority of children's services locations across Australia find it extremely difficult to obtain and retain staff with minimum level qualifications. Such services tend to have adult–child ratios that only meet minimum regulatory requirements – 1:5 for babies/2:20 for toddlers and 2:30 for preschoolers – with no ceiling on overall group size.

At the same time, the professional role of early childhood staff is becoming more demanding and the multiple responsibilities are not reflected in pay and conditions. These issues often lead to dissatisfaction in the workforce and cause staff attrition, with consequent disruption to relationships with children and families.

Especially in remote areas, even senior staff may have limited formal training and no administrative or management experience. In such contexts, professional development opportunities are rare and it cannot be assumed that a centre manager will necessarily have the skills or knowledge to build staff expertise or to focus on the priorities for their daily work. Such settings struggle to fulfil more than their everyday responsibilities and the capacity to support high needs children and families is extremely limited.

In light of these considerations, recommendations and resources arising from this project will need to be implemented as part of the core business of practitioners, rather than as an added task:

> *The goal is to provide sustained support for everyday practice that supports young children's social and emotional health. It's about privileging the everyday – being with children, being warm and responsive, listening, holding conversations.*

A second feature to be taken into account when planning to support practitioners in early childhood is that the sector has a range of very different funding and organisational structures; there is no single 'control point' for the implementation and dissemination of ideas, practices or materials. This has implications for the ways in which 'messages' have to be conveyed and how programs or resources have to be developed and disseminated.

Key principles to underpin resources

The following key principles are put forward from the consultation in the belief that continuing discussion is essential in the development of resources that will be used and effective. These principles incorporate those identified by the Advisory Group at its July meeting:

People are the most powerful resource – consistently, respondents noted the very high value of 'people' to support their work. They referred to different 'people' for different purposes: mentoring for senior staff, a worker to support families, an expert in child development and mental health to advise regularly, even just someone to talk to about issues and what does or does not work for them. Most services across Australia do not currently have access to such support. Respondents made it clear that resources without strong on-the-ground support cannot have lasting effect.

Accessibility – materials to enhance support for children's mental health should be well-advertised, free, and easily obtained by all practitioners, irrespective of their location.

Theoretically sound – programs and resources must be based on the best of contemporary theory and knowledge about young children and their social and emotional wellbeing and about how early childhood practitioners can best support children and families.

Audience suitability – audiences for resources could include practitioners in long day care, family day and in-home care, vacation and outside-school-hours care, teachers in preschools, foster carers, child safety workers, case managers and health professionals; and parents and those who work with parents. Even within any one service, users will have varying levels of knowledge and experience. The age and gender of practitioners may imply different needs and styles of access. Hence, any resource will need to include different kinds of information at different levels of complexity. It cannot be assumed that the majority of potential users will have even basic knowledge about young children's growth and development, much less about ways to support their mental health.

Cross-sector relationships – the strongest and most sustainable support for children occurs when all of the people working with families have shared knowledge and commitment to enhancing outcomes. Inter-sectoral professional learning opportunities conducted in a local area such as described in *Feeling Attached* leave a legacy of relationships and networking.

Parents are key audiences – while the scoping study focused on practitioners and their support needs, parents are a key 'resource' in children's lives and there was a strong recommendation that some information about young children's mental health be produced in formats accessible to parents, with early childhood professionals as an access and distribution point. Resources for sharing with parents should include culturally-appropriate materials which include activities, advice and information that can be taken into their place and space at home. The extra needs of mobile families, which are often among the most vulnerable, should be kept in mind, with contact details for support services in a range of locations provided.

Practicality – resources should recognise that internet availability and usage, literacy levels and time constraints all present challenges in the design and delivery of materials. Hence, materials should include film, audio and print components such as posters, cards and pamphlets. Resources that staff can refer to as they work with children are most likely to be used.

Relevance – practitioners who are accessing programs and materials value seeing their own contexts represented, and such features enhance engagement. Local users and advisers should be involved in the development and dissemination of resources, and materials should capture the range of settings – cultural, geographic and care environments – in visuals, scenarios and case study material. Draft resources could be shared with key informants consulted in this study, and some of them might be involved in trial and pilot projects associated with Stage 3.

Flexibility – resources that are flexible and responsive to the different levels of knowledge and various roles of practitioners in early childhood service should be included. Flexible resource materials that can be used with a variety of audiences, at a variety of levels and in a variety of ways, are most likely to be taken up across the spectrum of early childhood services. Such resources need to recognise that all stakeholders within an early childhood setting including children, families, unqualified staff working with children, qualified staff, managers and members of management committees and boards have need of information and resources.

Adaptability – printed resource materials and products (such as posters, leaflets and kits) that can be adapted and modified to include local information, images and artwork have proved successful, particularly with Aboriginal and Torres Strait Islander communities. This approach recognises the existing work of communities and supports them in promoting and extending their existing practice. The process of using and adapting a template to reflect local needs encourages deeper engagement with the issues and with the underpinning knowledge the resource is seeking to promote. Directories of family services and support systems are another example where currency and accuracy can be obtained only at the local level. While staff who have been in a day care centre or preschool in a district for some time become knowledgeable about local diagnostic, referral and support services , Family Day Care carers and staff newly appointed to centres said this information was quite difficult to obtain, or it dated quickly.

Usability – it is unlikely that practitioners will have the motivation or time to undertake self-paced individual learning. In most cases, information will be conveyed in busy staff meetings, or at rare small-group opportunities. Hence, content should be packaged in 'small bites' for use in various meeting formats, keeping in mind that many recipients of the information will have minimum training and knowledge.

Planned ongoing dissemination – support organisations, such as IPSU, VAEAI and RAATSIC, familiar with local contexts and with established rapport with potential resource users should be involved in materials development and dissemination. Existing communication mechanisms such as newsletters should be utilised to convey key messages. Promising Practice stories should be published over time. Sustained regular approaches to providing information are more effective than 'one-off' delivery.

Recommendations

The following small set of precise recommendations has been distilled from this scoping study and analysis of its themes and priorities:

- Continue to work for improved conditions in the sector so that practitioners really can support children and families.
- Find ways to provide 'people' to support practitioners. For example, maximise the value of existing support services by increasing their knowledge base about children's mental health and focusing the priorities for their work.
- Leverage current providers of training by supplying resources and encouraging them to see 'mental health' as a core topic for professional learning across the sector.
- Develop resources with a high level of consultation, trial and amendment. Use some struggling settings to trial and advise on materials development.
- Review materials that appear to have high usage and incorporate their features into future resources.
- Include materials to be used with and for parents.
- Build in evaluation from the beginning of next-stage developments. Evaluate in terms of outcomes for children, as well as take-up and user response.

9. Conclusion

Relationships and responsiveness

The NSW Commission for Children and Young People and the Social Justice and Social Change Research Centre, University of Western Sydney asked 126 children and young people aged 8–15 years 'What wellbeing means to them' (2007). The report on the study makes the powerful point that most research into children's wellbeing defines it in terms of negative behaviours and health problems, whereas 'the best way to prevent negative outcomes for children is to promote well-being throughout their lives, rather than only responding to vulnerability and crisis'. The study found that wellbeing is about children's emotional life and that their relationships and connections with others are crucial. Children told interviewers that 'well-being can be experienced at a particular point in time through specific encounters with particular people' and that these point-in-time experiences can build an enduring sense of wellbeing and competence.

Nine themes that make up children's picture of wellbeing emerged from the study, three of which are fundamental:

- Agency – having some control and the capacity to act independently in everyday life.
- Security – having a sense of security to be able to engage fully with life.
- Positive sense of self – having the feeling that you're an OK or good person.

Children's services practitioners are in a position every day to contribute to these requirements for children's wellbeing. Relationships are the key to young children's social and emotional wellbeing and their long-term mental health. Relationships with children's services practitioners are an important part of daily life for many young children and practitioner responsiveness to their needs influences how children respond to new situations and challenges. 'The most important element in an effective early childhood program is the continuous presence of sensitive, knowledgeable, consistent, respectful, loving and responsible adults' (Winter, 2003).

Responsive caregiving requires educators to listen to children; to be engaged with children; to enter and participate in children's worlds; to understand and respond to children's lived experiences, including their emotional expressions and understandings (Winter, 2003).

Issues of quality

Creating a positive environment in which young children can be happy, secure and learn is the core business of early childhood professionals. However, the capacity of early childhood practitioners to 'support and promote young children's social and emotional learning' is directly related to issues of 'quality' in the sector.

The Centre for Child and Community Health (CCCH) Policy Brief *Quality in Children's Services* (2006) defines a high quality early childhood service as one which:

- provides children with caring and nurturing learning programs, and where appropriate, specialist intervention
- creates and enhances family and community networks
- becomes a trusted source of information and support.

The policy brief explains that 'quality' is an interaction between structural components – staff training and

qualifications; staff–child ratios; and group size; and process components – staff stability and continuity; working conditions; and curricular and child–carer relationships. As has been noted in this study, many children's services operate outside desirable staff–child ratios and often have no ceiling on group size. Group size is an underrated factor in child and adult stress. It is obvious that larger groups inevitably result in higher noise levels, potential friction in social interactions, and a lower capacity of children and carers to form caring relationships with each other. 'Small groups are particularly important for infants (NICHD, 1996) with a recommended ceiling of six for children under two years' (CCCH, 2006); yet some Australian settings have babies in groups as large as 20 or even 30. Group size and its attendant stress is also a factor in high staff turnover, especially when children with high needs are part of a large group.

At the same time, all evidence about learning and nurturing in the early years (McCain & Mustard, 1999; Sylva et al., 2003) indicates that young children's development and wellbeing is dependent on strong relationships and interactions with caring adults, timely and thoughtful responses to their actions and needs, and opportunities to extend their understanding about the world.

Unfortunately, it is not a realistic expectation in the current children's services circumstances across Australia that all staff will be able to provide high-quality learning environments for all children, especially those at risk of mental health difficulties. This COAG scoping study underlines the truth that while staff in some children's services are well-trained and well-led, many more struggle in relative isolation, with little leadership or support.

These circumstances have serious implications for the kinds of resources that will be used and useful.

A resource that will be used

We are all familiar with the report, package or glossy publication that excites some interest when it arrives but soon languishes on the shelf. The recommendations and field advice in preceding parts of this report explicate essential features of successful resources for the sector. The overarching key principle is to match any resource to the reality of its users' working lives.

What must be made clear is that there are limitations on what can be expected of any practitioners in the sector in relation to child and family support. Practitioners have a full-time job being with children 'on the floor'. They have limited time to engage with families in depth, and even trained staff cannot be expected to have the skills or knowledge to deal with complex mental health issues.

Similarly, the limitations on the role and expertise of support services such as Inclusion Support agencies must be declared. Members of such teams have the primary role of building the capacity of practitioners in services to deal with children's special needs in the child care environment. Inclusion staff can be called in to observe children and to assist with referral in collaboration with centre staff and parents. They have no qualifications to diagnose or treat specific disorders or conditions, nor to work directly with parents in an ongoing therapeutic role.

A world that is better for children

Contributing to a world that is better for children is part of the core business of early childhood education. A world that is better for children will provide loving and nurturing relationships between them and the significant adults in their lives. This study indicates that secure attachment is a protective factor for children, enabling them to be strong, resilient and loving in their turn. Early childhood educators generally come into

the profession because they enjoy children and want to create the best possible environment for them. The study makes clear how the circumstances of practitioners' daily work often get in the way of fulfilling that dream. Therefore, every effort must be made to support practitioners , because 'Children are our future' (Milroy, 2003):

> *Our hopes and aspirations as people of this world rest on their shoulders and they will carry us with them as they grow and develop, and in turn they will prepare a place for us to rest in our later years.*

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Appendix A

Proposal for a Scoping Study:

Proposal to scope the scope potential service delivery in the early childhood sector, from Early Childhood Australia

Policy context

On 5 April 2006 the Prime Minister announced the Australian Government's commitment of $1.9 billion over five years through the Council of Australian Governments' (COAG) Mental Health Initiative to improve services for people with a mental illness, their families and carers. The funding is intended to provide families, schools and health professionals with more support to recognise and address early signs of mental illness.

As part of the COAG Mental Health Initiative, the 2006-2007 Federal Budget provided $28.1 million over five years to support the *New Early Intervention Services for Parents, Children and Young People* measure. The early childhood component is a key activity within the measure.

The early childhood component aims to support mental health promotion, prevention and early intervention in early childhood within a framework of:

- Promoting a positive environment
- Promoting sound parenting behaviours
- Early intervention that targets areas of high needs, including Aboriginal and Torres Strait Islander children and young people, children affected by significantly and adverse life events such as severe trauma, loss or grief, and children of parents with a mental illness
- Supporting and promoting social and emotional learning.

Background to the proposal

Two round table meetings of health and education experts were held on 1 March and 16 April 2007.
A specific Indigenous workshop was held on 23 November 2006.

The meetings discussed the approach and development of resources to help early childhood staff promote resilience and good mental health for children and identify and intervene early with children at highest risk of mental illness or showing early behavioural signs or symptoms.

Some key points:

- The early childhood sector does not always have clearly defined or centralised control points and includes settings other than formal preschool settings; i.e. Aboriginal and Torres Strait Islander day care, alternate care, long day care settings, intensive playgroups, etc.
- It is important to be mindful that preschools and other early childhood settings can be vastly different from primary and secondary schools and there is no universal policy or model. Some settings which are defined as preschools could be as basic as, for example, being located in a caravan park.
- The workforce of each of these settings is diverse with sometimes limited resources and financial and/ or time restraints. When the measure in implemented, those working in the early childhood sector need to see that it fits in with their 'core business' rather than being an added task.

- The need to be cognisant of existing work in the field, plus the desire to ensure sustainability and quality for any program which will not be 'left on the shelf', was stressed. DoHA noted that the visits to the State and Territory jurisdictions had also reinforced this view.

A key recommendation from the 16 April round table included the following:

- **There is an urgent need to identify potential service delivery settings and assess how those settings capture the target group. Furthermore, there is a need to assess what adjustments need to be undertaken to better suit those settings.**

The scoping work identified in the recommendation will be undertaken by Early Childhood Australia (ECA), which also has strong links with the Secretariat of National Aboriginal and Islander Child Care (SNAICC). ECA will work closely with SNAICC on the project.

The project

The project will identify and assess the range of services in the Australian non-government early childhood sector from ECA and SNAICC's constituents.

Stage 1

Stage 1 of the project will involve the development of a detailed work plan. This would take up to six weeks after the signing of the funding agreement, with the detailed work plan (including identifying the process of ensuring key stakeholders will be consulted) and detailed budget being provided to DoHA for agreement prior to progressing to *Stage 2.*

Stage 2

Stage 2 is the implementation stage. Following agreement by DoHA, ECA will undertake the implementation of the scoping project over a period of four months, during which a report and recommendations will be written.

The report

The report will include the outcomes of ECA's scoping study. Information will be drawn from focus groups and other methods from each state and territory, and cover urban, rural and remote settings. The report will inform the broader COAG initiative and will:

- Provide an overview of issues facing the sector
- Provide a description of organisations/services working in the sector
- Identify quality practice models and resources and any significant case studies.

Timeline

Stage 1 of the project will commence on 1 July 2007 with a detailed project plan being provided to DoHA by mid-August 2007. Stage 2 would commence at the end of August 2007 with the draft report being submitted to DoHA by the end of November 2007.

Appendix B

Acknowledgements

The project acknowledges the invaluable help of members of the Advisory Group and the contribution of the following professionals in each state.

South Australia

Debbie Bond, Coordinator, ARMSU, South Australia

Andrea McGuffog, Manager, Early Years, DECS SA

Sherylee Daw, Manager, Learner Wellbeing and Drug Strategy, DECS SA

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Penny Kazimierczak, Policy and Program Officer, Healthy Eating Project

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Wendy Thiele, Perinatal Mental Health National Training and Accreditation Coordinator

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Petra Passon, Director; and staff of Elizabeth Grove Children's Centre

Roxanne Wegener-Finch, Acting Director, Kaurna Plains Preschool; and Tina Henderson and Kristina Brown, Aboriginal three-year-old literacy program

Jill Brodyk, Director, Happy Valley Community Child Care Centre

Kaye Colmer, Executive Director, Lady Gowrie Child Centre

Western Australia

Kathleen Pinkerton, Executive Officer, Yorganop Child Care Aboriginal Corporation

Christine Dimovich, Program Manager, Indigenous Professional Support Unit, WA (IPSU)

Jacqui Hunt-Smith, Project Officer, Indigenous Professional Support Unit, WA

Jody Blurton, Director, Jalygurr Guwan Multifuntional Aboriginal Children's Service (MACS), Broome

Andrew Amor, Manager, Millya Rumarra Aboriginal Corporation Drug and Alcohol Service, Broome

Annette Garlett, Director, Koolangka Mia Mia Child Care Centre, Bunbury

Dawn Fraser, Director; and staff of Coolabaroo Neighbourhood Centre, Thornlie

Denise Clarke, Director, Salvation Army Child Care Centre, Balga

New South Wales

Judith McKay Tempest, Coordinator, Indigenous Professional Support Unit NSW & ACT

Margaret Young, CEO, Lady Gowrie Child Centre, Sydney

Rhonda Eke, FaCSIA Inclusion Support Team NSW West, Dubbo

Focus Group comprising representatives from Family Day Care, Long Day Care, FaCSIA, Early Intervention services, Family Mediation centre, supported playgroups and MacKillop Rural Community Services

Jena-Maree Glover, Stepping Stones Child Care Centre, Dubbo

Dr Robyn Dolby, Senior Research Fellow for the Benevolent Society and Clinical Tutor for the Institute of Psychiatry, Sydney

Louise Brennan, Coordinator, Early Childhood Services, Marrickville Council, Sydney

Staff at Addison Road and Deborah Little Children's Services, Sydney

Focus Group comprising centre directors from Marrickville Council Children's Services

Staff at Gujaga MACS, Sydney

Ruth Mules, Child Care Resource Officer, SDN Children's Services Inc., Brighter Futures early intervention program

Focus Group comprising administrators, directors and family support workers from IPSU NSW & ACT

Chryne (Charlie) Griffiths, Aboriginal Perinatal Infant Social and Emotional Wellbeing Worker, Sydney South West Area Health Service

Jennifer Evans, Chief Executive Officer; Lynne Farrell, Child Care Coordinator; and Wendy Foot, Family Therapist, Ashfield Infants Home Child and Family Services, Sydney

Karen Dresser, Director, Lady Gowrie Child Centre, Sydney

Karen Andrews, The Benevolent Society and Hala Doris, Lady Gowrie Child Centre, Sydney

Queensland and regional NSW

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Judy Radich, Manager, Cooloon Child Care

Cairns focus group comprising representatives from Napranum children's services

Staff at Boopa Werun Preschool, Cairns

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Leo Prendagast, Director, Rainbow Children's Services, Tweed Heads

Chris Nolan, Family Day Care Senior Coordinator, YMCA Family Day Care, Gold Coast

Sue Gamble, Coordinator, After-school and Vacation Care, Tweed Heads

Victoria

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SNAICC staff

Veronica Johns, Program Manager, SNAICC Resource Service

Liz Orr, Evaluation Manager, SNAICC Resource Service

Angelique David, Administration Officer

Appendix C

Income/Expenditure Report

Code	Account	Budget Stage 1 & 2	Actual as at 5 Dec 07
	Income		
4-1700	Project Income	172,764	130,764
	Total Income	172,764	130,764
	Expenses		
	Salaries and Related Expenses		
6-1010	Salaries - Core	18,355	18,355
	OnCosts	**2,937**	**2,937**
6-1400	Consultants/Contractors	60,750	54,000
	Total Salaries and Related Expenses	**82,042**	**75,292**
	Travel Costs		
6-2010	Accommodation	9,268	3,861
6-2030	Airfares	22,698	12,416
6-2060	Per Diems	4,615	1,669
6-2070	Taxi & Car Hire	3,585	1,970
	Total Travel Costs	**40,167**	**19,916**
	Other Costs		
6-3020	Audit	2,000	
6-3035	Corporate Expenses	1,242	667
6-3085	Operating and Management Fees	43,587	33,587
6-3140	Telephone and Internet	3,727	153
	Total Other Costs	50,556	34,407
	Total Expenditure	172,764	129,615
	Net Profit/(Loss)		1,149