# **Evidence Brief**







Every child in the East Kimberley deserves to thrive physically, academically, socially, and culturally. The early years are crucial in determining a child's lifelong learning as they lay the foundations for future development. Intensive support services must be provided in these early years to ensure local children are given the best start in life.

This evidence brief has been created to inform and guide parents, families, educators, service providers and decision makers when discussing and making decisions about young Aboriginal children across the East Kimberley. It aims to build a common understanding on early childhood and outline opportunities to improve the health, wellbeing, and education of East Kimberley Aboriginal children to inform the development of a shared agenda.

### **Key Messages:**

- East Kimberley children are twice as likely to be developmentally vulnerable (in the bottom 10<sup>th</sup> percentile) compared to the rest of Western Australia.
- The period from conception to the end of a child's second year (the first 1000 days) has the greatest impact on their long-term health and wellbeing.
- Early childhood education and development programs need to be evidence-based, culturally responsive, and focus on needs of the individual child.
- Integrated service delivery, effective parenting programs, nurse home visits, supported school transition, and tailored home learning programs are approaches that have been evidenced to support Aboriginal children and families during the early years.

Our vision is straightforward: We want for our children the same opportunities and choices other Australians expect for their children. We want them to succeed in mainstream Australia, achieving educational success, prospering in the economy and living long, healthy lives. We want them to retain their distinct cultures, languages and identities as peoples and to be recognised as Indigenous Australians.

- Indigenous Designers, Empowered Communities Design Report, 2015

# **Data Snapshot: Early Years in the East Kimberley**



**868 children** aged 0-4 years across Wyndham-East Kimberley and Hall Creek (~8% of population)

~48% of Indigenous population in the Kimberley are aged 24 and under compared to ~37% for overall population. Median age of Indigenous population is 25.







Low access to education & care



All early childhood education & care services across the region (excl. Wyndham) have extensive waiting lists for children 0-2 years

~16% of children aged 0-4 attend an educational institution in the Kimberley



UPDATED JULY 2022



Over-represented in state care



In the East Kimberley, **87 children** are in state care and are all Aboriginal

Aboriginal children in WA are

18 times more likely to be
in out-of-home-care than
non-Aboriginal children and
young people





Vulnerable babies



From 2008 – 2016, the <u>low birth</u> weight rate for Kimberley Aboriginal babies born full term was 6.1%.

**89% of FASD births** within the WA population between 2012 – 2013 were Aboriginal

Limited data on FASD in the EK;

FASD birth prevalence

However, **84.7**% of 78 antenatal assessments by OVAHS reported alcohol use during some part of pregnancy



#### **AEDC domains**

The Australian Early Development Census (AEDC) shows a significant gap (up to 30%) between East Kimberley Aboriginal and non-Aboriginal children on every developmental indicator





cognitive skills

Social competency





Communication skills & general knowledge

Emotional maturity

Children in the **Shire of Wyndham East Kimberley** (in which 59% are Indigenous) are **more than twice as likely** to be developmentally vulnerable (in bottom 10<sup>th</sup> percentile) in two or more AEDC domains compared to the whole of WA



Children in the **Shire of Halls Creek** (in which 93% are Indigenous) are **five times as likely** to be developmentally vulnerable (in bottom 10<sup>th</sup> percentile) in two or more AEDC domains compared to the whole of WA

#### Local evidence: What's needed

A review of local reports and consultation notes [1] [2] [3] [4] [5] [6] [7] evidence the calls from East Kimberley Aboriginal people for agencies in the children services sector to work together to:

#### Early learning

- Ensure early childhood education and development programs are evidence-based, culturally responsive, trauma-informed, and focus on needs of the individual child.
- Increase bi-lingual education and learning on country, particularly in remote communities as language plays an important role in a child's life and learning journey
- Increase the number of Indigenous teachers and assistants who teach the programs or strengthen cultural awareness training for nonindigenous or non-local educators.
- Support students and families during transitions into early childhood education, through early engagement with school readiness programs that are accessible and engaging for vulnerable children and families
- Support learning needs by provide support for children with developmental delays, through therapeutic and pastoral support – Specialised help required e.g., social worker, remedial teachers – to help them achieve their best.

#### What we don't know yet:

# Embedding cultural competence in transition to school

The literature strongly acknowledges the importance of reflecting local Aboriginal ways of being and learning within early childhood education.

More research is needed into how pre-schools should go about embedding cultural practices within their policies, processes, and curriculum, beyond individual staff training on cultural awareness [15].

#### Maternal and child health



- Improve access and availability of culturally safe child health services.
- Ensure adequate resources and community-based solutions for diagnosis and support options for children potentially affected by developmental delays, including those caused by hearing loss and Fetal Alcohol Spectrum Disorders (FASD).
- Provide **education** and information services for future parents to help raise awareness, support change, and reduce prevalence of risk factors for developmental delays, including smoking and drinking during pregnancy.

#### What we don't know yet:

#### Prevalence of developmental delays

There is limited data about Fetal Alcohol Spectrum Disorder prevalence amongst children in Kununurra. Difficulty in diagnosing FASD (largely due to availability of specialists), lack of awareness in parents and the sustainability of programs collecting data contribute to this information gap [10].

#### Local evidence: What's needed







#### Family and community empowerment

- **Regular parenting programs** and early childhood education programs where parents are involved. One-off sessions are not enough.
- Provide programs that equip parents with the skills to strengthen attachment from birth, look after health and wellbeing and play the lead role in development of their children.
- Support parents and families to navigate and access the health, education, and early years system, through outreach and community awareness, and measures to improve affordability and accessibility of services.
- Assist parents to obtain personal identification documents for themselves and their children (including accurate registration of birth), to ensure social support services (such as Centrelink, NDIS) can be accessed when needed.
- Take a strengths-based, whole-of-family approach to early years, by providing wraparound support to empower parents and families, including housing, employment and training, health, and wellbeing.

#### Service system strengthening

- There is a need for cross-agency workforce development strategies to address shortage of Early Childhood Education and Care Educators and Aboriginal Health Workers and issues encountered in attracting, training, and retaining Aboriginal staff in the early-childhood sector across the Kimberley
- Early childhood services need to be community controlled and endorsed, which includes genuine
  partnerships with local ACCOs as delivery partners, and supporting Aboriginal Teaching Assistants,
  Aboriginal Health Workers, and Aboriginal early childhood educators to be involved with or lead program
  design, planning, and delivery.
- **Long term funding** (5+ years) for is needed for planning, sustainability, and improved outcomes of early childhood programs.
- More comprehensive impact assessments need to be resourced and implemented, to produce longer term
  data needed to understand the impact of health, education, and development programs on children and
  families.
- **Integrated service delivery** is needed to provide coordinated and consistent health, education, and social support to families.

#### What we don't know yet:

#### Impact of early childhood programs in the region

There is a lack of good quality evaluations that measure program successes and long-term outcomes for children and families in the East Kimberley.

Outcome and impact measurement need to be factored into program investment and key performance indicators. It is essential for informing community led decision making around regional investment for early years.



#### **Literature Review: What Works**

There are some proven approaches to support Aboriginal children and their families in the early years.

#### Integrated service delivery

Providing children and families access to multiple services that are co-located in a cohesive and holistic way. Through respectful, collaborative relationships, services can maximise the impact of their different disciplinary expertise in a shared intent to respond needs of Aboriginal families and communities. Integrated delivery includes high quality learning programs from birth including childcare and pre-school/kindergarten programs; co-located health care services; playgroups, and crèches; before and after school care; on-site support for children with additional needs; parent support programs; and links to other services (e.g., housing and employment). Integrated service delivery has proven to make services more easily accessible to parents (especially in disadvantaged areas), increase engagement of families with health and education services and help break cycles of poverty [8].

#### Focus on the first 1000 days

It is widely acknowledged that the period from conception to the end of a child's second year has the greatest impact on their long-term health and wellbeing. Experiences in this early period lay the foundations for all aspects of development and functioning including mental health, and social and cognitive development.

To address the needs of children and their families during the first 1000 days, four courses of action should be considered [9]:

- 1. **Educate and empower**. Aboriginal parents and carers should be provided with clear, practical, and accessible information about how their child's body develops in the first 1000 days and what they need to do to best support this development
- 2. Change the environment. This involves efforts to improve conditions under which Aboriginal families are raising young children. Ensuring children have a safe and secure home environment free from toxins, access to affordable, nutritious food and are receiving positive social interaction. It requires a coordinated policy approach that addresses a child's needs from conception and social inequities that are sometimes beyond the control of individual families.
- 3. Improve and target services to the earliest stage of childhood and conception. Develop and deliver coordinated and effective early interventions that break down cultural barriers and foster strong relationships between expectant parents and local care providers
- 4. **Continue to invest in research**. Support fundamental research that advances our understand of the biological processes that shape children and their families during the first 1000 days and the interventions that are most effective for Aboriginal families

#### Multi-dimensional support for transition to school

Every child begins their schooling life with a transition from home or an early childhood centre. The experience of this transition for a child and their family is crucial in providing a foundation for future schooling life and educational outcomes [10]. From the evidence available the transition of Aboriginal children to school is best facilitated when [11]:

- Teachers understand the diversity of Aboriginal cultures and languages, but also the common ways of being, relating, communicating, and learning that are different to non-Aboriginal
- Teachers recognise that Aboriginal children come to preschool with a range of skills and welldeveloped ways of interpreting their world and reacting to it
- Learning is viewed as a lifelong process that begins in the family and continues in the family and the broader society. It is not confined to conventional schooling structures.

- "Transition to school" is a process that occurs over time and not a one-off event and parents/carers/families need be meaningfully involved throughout the process
- Holistic relationship between learning, health and wellbeing is recognised by providing integrated services for children's health and development needs
- Pre-school and early primary programs are high-quality and grounded in local Aboriginal community knowledge with curriculum relevant to the local context
- There is quality provision of pre-schooling programs through continuity of qualified staff which is achieved through stable funding
- Schools that employ and value Aboriginal staff provide 'ready' links between school, families and communities which can enhance the transition to school for Aboriginal children
- Positive involvement of families and engagement with other community members in children's transition to school are important components of making a school 'ready'

#### **Effective parenting programs**

There is a body of evidence that demonstrates that parenting programs are key to promoting the wellbeing of children and preventing the development of behavioural problems later on. Although parenting support programs are often used as secondary or tertiary interventions in high-risk families, they may be more effective as universal primary prevention programs. Effective parenting support programs for Aboriginal families generally include [12]:

- Use of cultural teachers alongside professional parent education facilitators
- Long-term rather than short-term programs
- A focus on the needs of both parents/carers and the child
- A supportive approach that focuses on family strengths
- · Use of structured early intervention training whilst also responding flexibly to current family issues

Preliminary evidence suggests early intervention parenting programs can improve outcomes associated with child abuse and neglect, such as poor parent-child interactions and reduce problem and risk behaviour among Aboriginal children at home and school.

#### Sustained nurse home visits

Rigorously designed and well-implemented pre and postnatal nurse home visits are among the most effective and widely evaluated early childhood interventions and hold significant promise for improving outcomes for Aboriginal children. Sustained home visiting should be prevention-focused, embedded within existing maternal and child health services, and available to families with potential vulnerabilities, not just those in crisis [13]. The evidence indicates that regular home visits from a community nurse provides the opportunity for early intervention in behaviours which could harm the unborn child and opportunity to link the pregnant mother into a community-based mother-child group [14].

#### **Tailored home learning programs**

Home learning program that is tailored to the local cultural context and focuses on parent-involved early learning. These programs can equip parents and families to provide developmentally rich home learning environments, support children's transition to school, and recognise and build on the strengths of Aboriginal approaches to teaching young children. These programs should be promoted as universal interventions, and efforts should be made to increase integration between home learning and maternal and child health visits [13]. Home visiting programs benefit young children by improving socioeconomic and cognitive outcomes and reducing the frequency of and potential for abuse [12].

#### **Evidence-Based Approaches for Early Years**

#### Abecedarian Approach Australia (3a)

Abecedarian teaching and learning strategies focus on the child's language acquisition as the core of early learning and school readiness. It emphasises the role of young children as active learners and has been found to be effective in supporting young children growing up in disadvantaged circumstances [21]. It is comprised of four key elements [20]:

- Language Priority: prompting new words and actions
- LearningGames®: purposeful games to guide interactive play
- Conversational Reading: prompts to use while reading books to encourage child engagement
- Enriched Caregiving: routines to enrich the quality of care given to a child

Abecedarian Approach Australia (3a) takes Abecedarian approaches and adapts them for use with children aged 0-5 years in remote and regional Aboriginal communities. Each element of 3a has been aligned with Australian early childhood policy, including the Early Years Learning Framework [19].

#### **Child and Parent Centres (CPCs)**

Child and Parent Centres (CPCs) [8] are a model of integrated service delivery which use a 'hub and spoke' model, where services are delivered in a central physical location which links with services in other locations. Funding is allocated for the provision of premises and service development, and a place-based approach is used to ensure services are integrated in a way that is appropriate for communities.

#### CPCs aim to:

- Provide a range of services that can be accessed easily by families and young children
- Support the development, health, and learning outcomes of young children
- Increase families' ability to provide home environments where children can thrive
- Support children and families to achieve more successful transitions to school and sustain school engagement
- Increase co-location, coordination, and integration of government and non-government services for families

#### **The Early Years Learning Framework for Australia**

The Early Years Learning Framework [23] was developed as a national framework for early childhood education in Australia. It aims to provide guidance on for ensuring children in all early childhood settings experience quality teaching and learning.

The Framework outlines expectations for children's learning and development from birth to five years. It involves five Learning Outcomes (children have a strong sense of identity, children are connected with and contribute to their world, children have a strong sense of wellbeing, children are confident and involved learners, children are effective communicators) which are achieved through:

- Holistic approaches
- Being responsive to children
- Learning through play
- Intentional teaching

- Learning environments
- Cultural competence
- Continuity of learning and transitions
- Assessment for learning

# References and further reading

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