# Realising the Potential: Early Childhood Forum

## Welcoming Including and Supporting All Children

## Session transcript

This podcast is one of a series of recordings made at Realising the Potential Early Childhood Forum, presented by the Department of Education and Training on Friday the 8th of June 2018 at the Melbourne Convention and Exhibition Centre.

Our breakout session on Welcoming, Including and Supporting all Children will feature the following speakers.

* Aileen Ashford, Chief Executive Officer at Children’s Protection Society;
* Professor Kerry Arabena, Chair for Indigenous Health and Director Indigenous Health Equity Unit from Melbourne’s School of Population and Global Health at University of Melbourne;
* Dr Kerry Bull, Senior Manager at Noah’s Ark; and
* Miranda Edwards, Director of Lulla’s Child and Family Centre.

### Mark Baigent

Good morning ladies and gentlemen, and welcome to this parallel session. My name is Mark Baigent, I’m the CEO with Early Childhood Intervention Australia - Victoria/Tasmania.

I love to acknowledge firstly, the traditional owners of the land on which we’re meeting today, which are the Wurundjeri people of the Kulin nation, and pay my sincere respects to their elders past and present, and elders from other communities who may be here today. I’d also like to welcome all of you to this, the first concurrent session for today, Welcoming, Including and Supporting All Children.

And accessible and inclusive early childhood system is one that places children and their families at the centre of the services they receive. Making services inclusive and welcoming for all children and families, and capable of addressing each child and family’s need is vital to ensure that all children are able to realise their full potential.

In this session today, we’re going to hear from four extraordinary, highly experienced speakers, each bringing a unique perspective around early childhood services, and their understanding of welcoming, including and supporting all children and their families.

But before we start I’d like to remind you to follow on Twitter @detvic; and encourage you to join in the conversation and share your thoughts by using the hashtags @realisingthepotential, and @earlychildhoodforumau, and @vicedu.

And now to our speakers. I’m going to welcome four speakers to the stage in progressive order, each is going to give you an address. They will then take their place in the chairs to my right and participate in a question and answer session after all four have finished their presentations.

The four people we have today to speak to you are firstly Aileen Ashford who is the Chief Executive Officer for the Children’s Protection Society; secondly, Professor Kerry Arabena who is the Chair for Indigenous Health Equity Unit at Melbourne’s School of Population and Global Health, University of Melbourne; thirdly, Dr Kerry Bull who is the Senior Manager for Noah’s Ark; and fourthly, Miranda Edwards, Director of Lulla’s Child and Family Centre.

So to maximise our time I will simply pop in and introduce each speaker when they are due, and then come up and facilitate the panel discussion at the end.

Can I invite Aileen Ashford firstly to start us off? Thank you Aileen.

### Aileen Ashford

Hi everybody. It’s a big auditorium. I’d also like to acknowledge that we’re meeting today on the land of the Wurundjeri people of the Kulin nation, and pay my respects to their elders past and present, and those emerging.

I want to share with you today our Early Years Education Program and our journey with that. It’s a program that’s only for vulnerable children under the age of five. And it’s an Australian first in terms of a randomised control trial.

I just wanted to go through the rationale of why we set about on this journey, our model, a case study, talk a little bit about the research and some of the learning so far.

The rationale was that in 2008 the data from DHHS, which was family services data, identified that only 1.9% of children under five were enrolled in early years’ services. And CPS also did its own internal data analysis, and identified that only 16% of children were enrolled in early years’ services that were engaged with us. And 50% of eligible four year olds were enrolled in kinder. And we started to understand what those barriers to participation were. And I’m sure all of you in the room know what those barriers are, is service cost is a major factor for vulnerable families, sustained participation and inclusion, sometimes they don’t feel welcome in some centres. Sometimes they have issues of getting their kids there because of chaotic parenting lifestyles. There’s a lack of trust of services due often to their own past trauma as families. And there’s a lack of understanding for many of those parents about the really good benefits of early years education.

And what we also looked at, and we’ve heard about that this morning, and all of us in the room would know, the evidence of intensive early years’ intervention. You know, the impact of prolonged exposure to neglect and toxic stress on the brain development and the ability to learn for young babies and children. We know about attachment focused care giving as an intervention. And we also look at the trials of the Abecedarian and the peri-preschool models, and the size of that at risk population in Australia estimated at 52,300 preschool children.

We also looked at the trials of abecedarian peri-preschool which I just talked about, but those trials were taken overseas and with different populations, mainly African/American children, and of course in a different country than Australia. So that’s why set about developing a model to work only with vulnerable children.

This is an overview of the model. So, I’ll go from the grey box and around. So, the attachment framework is part of the model. Nutrition is a really big part of the model, so the children get two - they get breakfast, they get lunch, they get lots of snacks in between, but they also take food home, the parents take food home.

There’s lots of parental involvement and I’ll come to that in a minute. There’s a wraparound family services as part of the model, early years educational pedagogy, and an infant mental health component to the model as well.

So enrolment in the model is before the age of three, and children usually have a three year dose in the model, so they’re there for three years, some stay longer. There’s high staff/child ratios, so one educator with three children under three, and one educator with six children between three to five years.

The program runs five days a week, five hours a day, 25 hours a week. There’s all diploma or degree qualified staff that are employed. And there’s a team, a transdisciplinary team of kindergarten teachers, early childhood educators, a pedagogical leader, infant mental health, family services, our cook, and two early childhood consultants who have worked with us on this program, which is Dr Anne Kennedy and Professor Brigid Jordan.

There’s regular supervision for staff. There’s a unique education and care program based on the Foundations of Attachment Theory and Relation Penalty. There’s integration and joint case planning with Family Support Services. So many of the children coming to the service are referred by Child Protection, or they’re referred by other services like Family Support Services, Maternal and Child Health Refer, a whole range. So it’s an enriched care giving. It’s a centre-based primary carer for each child, and what that means is one educator is attached to one child in the room, and that is the key person that they go to.

And there’s purposeful greetings when they come in. And we heard - there was a little funny story a couple of weeks ago where one of the mums was having real trouble getting her child to the centre, and her little child said to her, ‘you know mum, they miss me when I’m not there’. We thought that was really smart that she had learnt that to tell mum.

We have a lot of collaboration with families during a unique orientation process. So families stay in the centre, they can stay all day in the rooms with their children, and they’re welcome. There’s a room in the centre that’s just for parents with a computer in it, a phone in it, they often go in there and make phone calls or look up stuff if they haven’t got computers at home.

And there’s a 12 weekly meeting that we have on the plan for these, the educational plan for the child, and that involves the parents in that planning. And so they get to see how their child’s progressing, what are the goals, and how we translate that back into the home. There’s also lots of home visits going back to the home with the parents as well.

So there’s a real focus on building alliances with parents to sustain their participation, make them feel welcome and involved in the education and care of their child.

I just wanted to give you a little snapshot of Corey, his story, of the sense of the children who come into our service. So Corey is the youngest of three children. He was injured in a violent attack in his parent’s home. His parents were asleep due to being under the influence of drugs and alcohol. And the attack was witnessed by Corey’s older sibling, and all children then were placed in their grandmother’s care due to trauma, a mum’s inability to keep the children safe.

There were concerns regarding Corey’s psychological and emotional development due to the trauma.

Mum was given supervised access, and dad did not have access. I just need to say that grandma also had four children of her own as well, so there were three siblings, Corey and two other siblings who were in her care.

Mum also gave birth to another sibling while Corey was in grandma’s care, and was reunited with mum after 12 months in grandma’s care. The children then witnessed another incident of domestic violence and drug use in 2014, so all four children were placed in grandmother’s care by the Department.

And reunification occurred with mum in October 2015, and now Corey’s been in his parent’s care for almost 12 months, a bit longer now, and DHS were closing and have closed. So a lot of the work with Corey was involving grandma, but also mum in the centre as well, and working with Child Protection to do some of that supervised access at the centre rather than doing it in a DHHS office. A lot of work was also done with Corey. He was very untrusting of adults as you can imagine, because of the trauma he had been through. So that role of the key care giver in a room was really important with him. There was a real transition from - he was in a young room, into the kindergarten room, a purposeful transition, and then a very purposeful transition into primary school.

And I just also wanted to share with you Sonya’s story. Sonya’s one of our educators, and this is a short clip of Sonya.

“This is the privilege that we have when we work with vulnerable families, is they actually open up to us because they can feel that we are not judgemental, that they can trust us to hold confidentiality, that we’re there to love and care for their children in the best possible way.

A particular family for that comes into mind when I actually first started at the CPS Family Centre, was a little boy who had some very, very challenging behaviours, like smearing faeces on the bathroom wall, climbing, swearing, spitting, urinating on adults as well. Now it was pretty scary for me when I first met his mum because she was quite an aggressive mum. This mum couldn’t stand having her children around her at all. She would virtually throw them into the centre. Her child had already been rejected by two other childcare centres, and she was expecting the same judgement at our centre.

My first time in the room, when I was left for lunch, was really scary. Here I was, 30 years of early child experience, I had six children in the room, and when I turned around this little boy was climbing up the wall, trying to pull down the phone, and the other children in the room were hitting each other. So that first week it was very overwhelming for me, and I wondered if I’d be able to manage working at the children’s centre.

But when we learned his story and why he presented this way, we came to understand that he really needed our care and our support to help him grow, and to help him become a good learner later on.

And one of the ways that I helped this little boy was by giving him actually a head massage. And when he ever felt stressed he would just come and sit on my lap, and then we would pretend that he was at a hairdressing salon, and I would ask whether he would like warm water, or cold water, firm massage, gentle massage, the smell of the shampoo. And then I would actually then give him a head massage over and over until I could actually feel his body had really relaxed. And then he would be able to go off and play.

This head massage could happen at least two or three times in the five hours that this child was at our centre each day. And over the course of four years with this little boy, we were able to integrate him into school. He was then able to learn to manage.

The mum changed. She actually started to value the children. And just recently she came back to visit, and she gave us a big hug, because she never felt that anybody loved her children. And we eventually became her family, and somewhere where she trusted us and felt safe.

And I’m here now five years later, still working at the children’s centre, and I’m finding it very, very, very rewarding.”

I think with Sonya what, in the five years that she’s been there, or a bit longer now, is that that work that she did was made possible by the infant mental health consultations, looking at what was happening for that child, looking at what was happening for that family. The supervision that she received weekly, supporting her in dealing with some of the issues, other issues that were happening with the children in the room, and also that low ratio of educator to client, so they were some of the things that have aided her to be able to work with those children but to get the great outcomes that we’re starting to see.

So we’ve also got a randomised control trial which I mentioned at the beginning. So there’s 145 children who participate in the program and the research, and that makes 99 families. The intervention group, so the children who are in the centre are 72 children from 50 families. And the control group is 73 children from 49 families, so, 64 girls and 81 boys.

What was interesting is that those parents really want to be involved in the research. They really thought that they wanted to do something that would make it different for other families like them. And the control group, the group who aren’t in the centre have stayed intact for the whole time of the research which is quite extraordinary. Researchers have gone and travelled interstate to go and see those families and connect with them as part of the research trial, and they’ve all stayed in contact which is quite amazing.

We also, not only the randomised control trial, we did an ethnographic study, and I just want to show you the results of this now in a very short video.

“Changing the lives of future generations of Australia’s vulnerable children, is the steadfast commitment of the Children’s Protection Society. To achieve this we provide new research evidence that can be of practical benefit to the early childhood education and care sector.

In 2010, CPS pioneered an early years education program at a purpose built child and family centre in a low socioeconomic high needs area of north east Melbourne. The EYEP targets children under the age of three who are experiencing significant family stress and social disadvantage.

To test the efficacy of the program, CPS commissioned both an Australian first randomised control trial and cost benefit analysis alongside an in depth ethnographic study into its three year minimum early years education program. Commencing in 2014, in partnership with Charles Sturt University, the purpose of the 83 participant, two year ethnographic EYEP:Q Study, was to examine the relationships and lived experiences of all EYEP staff, parents and children, as well as describe, translate and disseminate the day-to-day activities of the education and care models.

Using five data collection methods, the EYEP:Q Study pinpoints sustained parental engagement as the most important feature of the program. Parents are very positive about the program, and report increased confidence and skills including understanding and responding to their children’s emotions and feelings. Evidence from the study suggest three distinct practice implications for early childhood services working with children and families experiencing vulnerabilities.

One, take time and offer intensive support to gradually orient families into the program. Two, foster a welcoming environment for parents and include them in their children’s education and care plans. Three, provide high quality training for staff and educators pertaining to attachment theory, effects of trauma on children’s learning and development, and holistic approaches to curriculum and relational pedagogy.

For further information about the EYEP, please visit the CPS website or contact Aileen Ashford.”

So the outcomes of that study weren’t really rocket science, but really the strong part of that study was how involved and accepted the parents felt.

The randomised control trial, I’ll give you a very quick snapshot of this, commenced in 2011 and will be completed in 2020. It’s a long journey. The data time points are enrolment into the EYEP, the end of the first year, end of the second year, end of the third year, and then also researching the children as they go into prep.

There’s a range of measures, I won’t go through them, that the researchers are using with evidence-based tools, to look at the results.

There’s a background report that’s on our website. It gives a pretty good detailed analysis and characteristics of the families and children in the program. And it compared it with representative samples of children from all households and low socioeconomic status households in Australia. And the findings highlight that even relative to children living in low SES households, the children participating in the trial are really significantly highly disadvantaged, that was a surprise to us.

The first 12 months report is also being released and that’s on our website. And the main findings indicate a large estimated impact on the IQ for boys, but there’s absence of any other outcomes in the other areas that I went through before. But it’s consistent with evidence that came through the abecedarian project from those previous trials. So we think that the findings, although there’s a bit of caution about those findings, is that they’re encouraging. And we think that the second year report will be the report that really gives us a lot more data.

These are our learnings so far. The second year research is currently being analysed. The centre is where families come together, it’s their first port of call. Feedback from families is that they feel safe and welcome, and many families come back after the children have left and visit us. They begin to understand learning for their child. They take the strategies home, so all the activities are done in the centre or from all - there’s no new jazzy toys and things like that, it’s recycled things. It’s things, you know, cardboard boxes, those sorts of things. And they value the research which is what I said before.

There’s a high participation rate, so families keep coming, and children feel safe and nurtured.

And we know from our observations, is that children are learning self-regulation, and you heard that when Sonya told her story about that young boy. Relationship skills, a lot of self-confidence, many of the children increase self-esteem and they feel valued.

That’s me. Thank you very much everyone.

### Mark Baigent

Thank you Aileen for that wonderful insight into CPS. Now, would you help me welcome to the stand Professor Kerry Arabena from University of Melbourne.

### Professor Kerry Arabena

Good morning everybody. My name is Kerry Arabena, I am the Chair for Indigenous Health at the University of Melbourne, but also the Executive Director for First Thousand Days Australia, and so I’m going to really focus on that element of the conversation today.

My grandmother is from Murray Island up in the Torres Straits and great grandma is from Mabuiag, so as is our custom I too would like to acknowledge the traditional owners of the land on which we meet today, acknowledge other Aboriginal and Torres Strait Islander peoples here, and also then to acknowledge all of you, our fellow Australians. Thank you so much for walking alongside us in these journeys forward and really putting at the forefront of our minds about the importance of early years, and the future legacy for our children.

So I’m going talk with you a little bit about the work that we’re doing around using culture and aspirations to both facilitate and protect the identity of Aboriginal and Torres Strait Islander children, particularly through time specific interventions.

And I was really interested by the keynote presenter today who talked about all of these different megatrends that are happening across both Australia within this region and globally. The other piece of work that I do is related to the doctoral piece which is focusing on human ecology, which is basically looking at human health and wellbeing in the context of ecosystems in which we live. And all of those things are situated within the context of the fact that we’ve actually transitioned to a new human epoch. So we’ve moved out of the Holocene which was around about 12,000 years long, and in 1945 a whole range of civilisation drivers including population growth, acidification of oceans, environmental impacts, means that the ways in which we’ve educated ourselves and things that we’ve aspired to, have had a geological impact on the planet and our planetary systems. And so for all of us all bets are off.

This is actually a prescient time in human evolution. We’ve never had to face these kind of complex issues or problems before. There have never been the manifestation of these civilizational drivers that should be at the forefront of our thinking through educational practices and what it looks like to be a competent adult coming into the future. So I’m going to just do a little bit of reflection around that.

So whilst I work in a university, I really do do place-based interventions. I was a social worker who did a lot of child protection work, moved into sexual and reproductive health. I did that for about 20 years of so. Ran a lot of community controlled health organisations, understood the importance of governance, and then moved through into setting up political organisations, and have now moved into a professorial role both at Monash and Melbourne University.

And so I think that one of the things that I do incredibly well is just sit in between all these different spaces and use them to leverage some good energy. And I’m also very much into co-creating with families and their children, this ability to imagine, to think critically about themselves and how we’re positioned in the Australian nationhood, as well as within the context or our own first nations. And so I’m cultivating subversive and undutiful behaviour wherever I go, and it’s good fun. But it’s really at the fundamental of participation and democracy.

And I want to make a reference here to the Victorian Government, who in the Lower House today, has acknowledged and is progressing through with the idea of Treaty. And I think that that is an incredible step in this stage to make those kind of associations and treatied, power-balanced relationships with first nations in this state. And I think it’s just a tremendous way forward.

These things are not easy to negotiate but they are important and they are legacy leaving, and I am so proud of this community here, and what it is that they’ve been able to garner and use to strengthen their position in navigating their ways, and negotiating good outcomes for all of their peoples, it’s just wonderful.

So I really do look at how, not only we can transform our lives, but understand how we become transformed in the interaction with them and those videos that you showed I think was a really beautiful way of being able to express that.

All of our work through First Thousand Days Australia is under the governance of some wonderful Aboriginal and Torres Strait Islander thought leaders. And this is a really critical point for us, is that Aboriginal and Torres Strait Islander peoples are not just clients of services, or we’re not aspiring to citizenship in an Australian nationhood sense. What we’re really interested in is being thought about and conceived of as thought leaders, wisdom holders, who have been able to maintain ecosystems on this continent in a managed state of equilibrium for over 60,000 years, that’s no mean feat considering the environmental impacts now of 200 plus years of Australian nationhood.

And I’m really interested by the fact that the first institution that created the Australian nation was in fact a penal colony, and that your ways of being represented in that at the beginning outset of the Australian nation was to have to both children, women and men well represented in penal colonies. And now for our communities who had no need for prisons, or being imprisoned, that we’re now as represented in that really important piece of nation building infrastructure in ways that have been unprecedented. And what we’re really deeply concerned for, and one of the genesis points of conceiving of this way of thinking through these big issues about time-specific interventions, is that we’ve got a lot of our children now who are highly institutionalised all the way through their lives. So from early childhood service centres all the way through to aging, and gerontology and being cared for in the facility of institutions that is new and unprecedented for our families. We did all of our care within the context of extended families, non-biological extended kinship systems. And then the other thing that’s really critical about that is a point that I’ve just forgotten.

Oh well, it’ll come back to me and I’ll share it perhaps later.

The other thing that’s really critical for all of us is this idea of elder wisdom, and elder-led traditions. We do not privilege the leadership of young people as much as we do privilege the idea and the incredible through leadership of our elders.

So I am very happy to be amongst this incredible group of people leading this conversation, and the ways in which they’ve been able to gift us some tremendous pieces of work has been very profound.

So the way that we think about our vision is that all children have a right to be cared for through culture, connection and love. We’re not talking about vulnerable children, we just say that this is what it is. And in terms of the equity, and the purpose of being a parent, is to be able to provide these sorts of circumstances.

Every child is a gift to their family and future elder, so we talk to people about - we’re not just birthing babies we’re actually birthing elders. The way that we carry our children in our bodies is a sacred responsibility. And the way that we engage with our partners and our men during that period of time, actually determines for us all the characteristics and qualities of our future elders.

We’ve got a Charter for the Rights of Children Yet to be Conceived, which is very much focusing on the preconception phase, so thinking about what kinds of things will facilitate and enable good, strong cultural parenting, that’s going to give our children the best opportunity to engage with their culture in a powerful way.

And then the other thing that I am completely sick to death of, is the ways in which our men, Aboriginal and Torres Strait Islander men, are often reported in the public policy and affairs that are not our own. And that is often as perpetrators of violence, people who leave their partners, gamblers, people who harm their children. And so, a lot of the short courses that we do, we’ve written about the role and responsibilities of our men, and we’ve called them back to us and we’ve really talked about our hopes and aspirations for their roles and responsibilities, and how actually it wasn’t all women’s business during this period of time, that there were very important roles that men played in making sure that these first thousand days were beneficial to everyone involved. And that came about from providing lean protein sources of meat during the pregnancy. They also carved coolamons and sang it full of good songs and strong wishes for their children, when those children were carried out of the women’s camps and they were presented to their grandfathers who had the responsibilities and roles of welcoming them to their families. And so there is this incredibly important gendered response that is often made invisible when we talk about child and maternal health services, when we really focus on and privilege the biological carrying of children in women, without understanding the social and cultural contexts of their relationships in a home. And so for us, these sorts of things have come through really powerfully, and they provide for us the principles upon which we do our work.

The other thing is that’s really important for us, is not only are we evidence-based, but we’re generating a lot of evidence as well. So recently The Lancet came out with an important paper on the power of adolescent health, and the powerful impact that good adolescent health has on early childhood outcomes. And so what we’re doing is really focusing on this period of time preconception, to help facilitate the best and optimise adolescent’s health, so that when they become parents they are really prepared for that.

We also heard this morning again, about the powerful neuroscience and other biological and genotype and other kinds of emphasis that happens during this very important first thousand days. And what we’re doing now is really supporting families to focus on this period of time as a way of laying the future health and wellbeing for their families. We know that children need early stimulation.

They need to be played with, some read to, to build that cognitive capability. And we also acknowledge and build on the International First Thousand Days Movement, which is focused specifically around nutrition. And we understand then though, that this period of time and the combination of impacts has a lifelong consequence.

And so I first came into this period of time when we were talking about early onset dementias for people who were living in the Kimberley region and in a suburb out - on the outskirts of Sydney. And like many people I had an incredible amount of stereotypes. I thought it was all alcohol-related dementias, that’s what was going on. Yeah, everyone’s drinking and that’s what’s happening. Highly embarrassed by the stereotypes that I had. I had to go back and really revalue them, because it was all vascular-related dementias, it wasn’t alcohol-related dementias. And in fact, the best optimised way of being able to think about long health, and good quality health when you’re old, was to do work around what happens in utero, and the vascular development during that period of time.

So whilst we are focusing on this very important age, what we’re looking is the lifelong and life course consequence to that. So what we also do is a range of other activities to both stimulate and excite. So again, we heard from the plenary session this morning, think big, think different. We went all right then. And I also happened to have been on a number boards. I own a number of businesses. I do research. And, so what’s happened now is that this has become a way of being able to conceptualise of household level determinations of what those families look like. And we’re mobilising all these other resources in to facilitate an achievement of mastery within those families that give them confidence and capabilities to then look after children.

We also then only recognise culture as the policy that needs to be implemented to keep our families strong and well. We don’t need any other reports or anything like that, we just need an articulation of culture.

We also then have regional committees, and ultimately what we’re facilitating is self-determination. And we do homes, particularly in our partnerships with Aboriginal Housing Victoria, and the other housing cooperatives in different regions. We don’t worry too much about programs and services, where we actually go to is homes. And what we do then is use that, because we premise that our families are the sites for developing and protecting culture and identity, and the health and wellbeing of our children.

Very sadly, none of us are going to close the gap, we’re just not. It’s actually going to be the parents of the children who have the ultimate responsibility to close the gap. And we need to be able to give them as much care and support, and love them, so that they know how to love their children.

What we’ve got then are a range of different MOUs that are being developmeed with the Townsville Aboriginal and Islander Health Service up in Townsville, with [0:37:09] in Caboolture. Here it’s with Aboriginal Housing Victoria. And we’re currently negotiating with other places in Healesville and down at Mornington Peninsula. We have a range of regional implementation coordinators funded through from NH and MRC and the Queensland Government. We also then mobilise and use peer researchers to do the household level survey development and engagement. And what we’re not focusing on is the deficit discourse, I don’t care. I really don’t care about what people need.

What I’m much more interested in is what they aspire to and what kind of hopes and dreams they have for their kids. And then what we’re doing is actually working to hook people up with life coaches and mentors to help them to achieve their goals as they’ve stated it.

In order to build this work we’ve got entrepreneurial activities. So as a result of a number of our short courses now, we’ve got at least seven businesses on the go in Townsville. And this is really exciting because not many people want to engage with racist organisations, or go into spaces where they experience discrimination. And some people have told us that it’s been very difficult for them to get their children to early childhood centres because of the disenfranchisement that they feel within their own neighbourhoods. It’s actually difficult for them to leave their houses to get to you. That’s what’s happening for some of our families. And so we’re really looking to mobilise the $100 million that’s available through the Indigenous Business Association, for developing businesses, and particular around family empowerment strategies for that. We’re also then looking to take advantage of the 2% procurement law changes that have been legislated within state governments now, where all of the state budgets have got at least 2% of their entire state budget, that needs to be procured to, and given to indigenous businesses. So this is one way that we’re really starting to mobilise outside a welfarist response through service delivery activity, where we’re only recognised as clients of services, through into working on developing up businesses where we’ve got some control.

We’ve got a whole range of research activities, but predominantly we’re focusing on this multigenerational dynamic expression of family. And in amongst that we’ve got national and international programs. So I was again very pleased to hear that mapping against the sustainable development goals is important around being innovative. And we’re also then looking at some of the intergenerational work around where trauma exists and how it manifests, and particularly through microbiome studies, and looking at the influence of gut bacteria and health and wellbeing, and then across and between different generations.

We’re also looking at those epigenetics markers of trauma that travel through families. This has become very important for us.

So we’ve got an Australian/Norwegian collaboration with the Sami people up in the Arctic Circle. We’ve going up there on a number of occasions now, and they’re looking to build early life strategies which really focus on household homes, where people during their extended period of time during parental leave, can go for help and support. What I love about Norway is that they’ve got the ability to have a 12 week period where men themselves, have to care for their children on their own while their women can return to work. So they use these neighbourhood homes as ways of being able to access and get support with each other.

This is our Indonesian collaborators and team, and we’re looking at sustainable development goals in this first thousand days.

This is some of the work that we’ve done with More than a Landlord Project here in Victoria, where we’ve now got a Certificate II and a Certificate IV in Peer Researching. We take householders and tenants themselves, single mothers, people who have had compromised lives, and we give them a chance to come and do work. And it helps them transition into full-time work. They also now come and teach into my Masters courses. We’ve done media training with them. They meet politicians and they represent and help us interpret the data that we’ve got.

We also invest in regional research literacy. And this is some of the work that’s going on up in Caboolture at the moment, where we’re exposing people to engage with the workforce, and we provide families with maintenance support and life coaching as a result of doing this piece of work.

And what we’ve been able to do through Aboriginal Housing Victoria, is help 37 families achieve 200 life goals in a four month period, and that’s been an incredible way of being able to facilitate mastery.

What we also do then, is after we train peoples we give them reference reports. They give them ABNs, they get CVs, and it’s been a transformative experience for them and their children, and now the first year’s worker coming back to train and coach the next group of peer researchers.

We’ve done this work now all over Australia. We get invited to go out. And, we’ve trained up a whole range of people in First Thousand Days, and all of the different kinds of interventions that can happen in that.

And we’ve also changed our language. And, I kind of get a bit triggered now every time I hear it. But people, there is no such thing as a vulnerable child. No such thing. None of us should be in the business of giving anyone an identity. What we can do though is empathetically engage with the experience of vulnerability.

And we can also then resource them to transform it for themselves, that for us, is what it means to be self-determining. And this idea then around we’re not birthing babies, we’re birthing elders, and that life course approach about this period of time is really important.

As I’ve said, we work across multiple different generations, and we’re tracking through these intersections between residential schools, holocaust victims, that’s a piece of work that’s being done by a career researcher overseas. What she said was the survivors of those experiencing their first generation seemed to be okay, but the second generation, so the grandchildren of those people, are high in their suicidality. And so when we think about the experiences of the stolen generations now, and the high expression of suicidality amongst our adolescents, there might be something in that that we need to think about for trauma and how we do it.

We also, like I said, do this in biological and environmental work. We’re working with 12 families across three different generations to talk about the dynamic consent process, and what would happen if we actually had biological samples given the National Centre for Indigenous Genomics. But again, this is future proofing a range of work that we’re doing in this field. And what we’re really interested in then is how do we create confident adults? And confident adults, in our view, are those who can live, learn, love, and leave their legacy. And in terms of some of the Anthropocene in this transition into a new human epoch, what we’ve got to think about now is that our children born in 2017 are going to be 33 in 2050.

There is going to be 12½ billion people alive, most of them adolescents. What will their world look like? What’s their legacy? What will work look like? How will they be able to earn money? How will this experience health and wellbeing? What will families look like, and how will they be experiencing their lives? And they’re some of the things that we’re trying to get people to do that future proofing work on.

We’ve got a range of different strategies, and you can see there early life investments, particularly through abecedarian work, and accessing a whole range of different services.

And that’s it for me. Thank you.

### Mark Baigent

Thank you Kerry. We’d now like to invite Dr Kerry Bull, Senior Manager of Noah’s Ark. Thank you.

### Dr Kerry Bull

Thanks Mark, and thank you for the opportunity to talk with you about something that’s very dear to my heart, that is welcoming, including and supporting all children, particularly those children with developmental delays and disabilities, which I’ve been asked to talk with you about today.

By way of further introduction, this is me, top row, second to the left, when I was in a Victorian kindergarten back in the sixties. That’s my good friend Goori on the far right looking pretty surprised about the proceedings.

I show you this photo to reference that in a Victorian kindergarten in the sixties, this was a time when children with disabilities were largely not enrolled in these early childhood programs. Children with disabilities at that time were largely at home or in institutional settings.

The woman on the right is my mother. She was the kindergarten teacher, as I became myself in due course. Mum went on some, probably 15 years later in the eighties, to work in one of our state-wide early childhood programs, specialist programs for children with disabilities. And she was involved, along with her colleagues, in deinstitutionalisation.

The children at that time in that service, were living in residential settings, in a large institution. And my mother’s work, along with others, was to support those children to be back with their families, back in the community, living, learning, playing with their peers and colleagues.

So we have come a long way in my lifetime, but I think you will agree with me, that there’s a way to go. That we still have children in Victoria, in Australia, with disabilities who are eligible to attend local early childhood services but are not accessing that opportunity.

Inclusion now is clearly seen as a right, and this is in our legislation and charters both nationally/internationally. But it’s also seen as an intervention strategy. We know that when children are playing with, learning alongside their peers, this is improving outcomes both for those children with disabilities and for their peers.

I want to talk a little bit, and it fits in somewhat with the keynote, where we need to thank of a range of things about strategies and programs, and about systems and policies and so on. And I want to draw your attention to some work that was done, I think in 2012, where our two peak bodies, Early Childhood Australia and Early Childhood Intervention Australia, came together to develop a joint position statement. This was a really important piece of work, where the sectors came together to think about what is it that’s important in terms of inclusion and participation for young children in early childhood education and care. And how can we pull a position statement together that will help drive policy?

So this is a very important piece of work. The recommendations at the end of that paper were that it was reviewed in 2015, and that has still not being done. So I draw that to your attention partly to say it’s time for us to be coming together again and looking at this, to help drive policy and thinking about service provision.

I was asked when I was invited to speak with you today to talk in 10 minutes about the current evidence-base. So I’m going to give it a crack.

I want to draw your attention primarily to the strong evidence we have now for this understanding that little children learn through every day activities in natural learning environments. And this seems self-evident to us. But it really must be brought to our attention, because this has been a real shift in the way services have been provided for young children with disabilities. That is that the evidence is telling us that children don’t learn by being segregated from their peers in clinical settings, having treatments and interventions done to them. Rather they learn by being with the people who care and love for them by their daily interactions, by the daily activities they do at home, they’re learning at bath time, at meal time with family, at play time, as they’re getting ready for kinder, these are the rich learning opportunities. They’re also learning when they’re in with their peers in early childhood environments, when they’re down at the park, when they’re in swimming lessons, when they’re doing their ballet lessons. This is how children are learning. And it’s really important that we hang onto this when we’re thinking about inclusion and participation.

That is my son’s first painting. So because I have just a short period of time to talk with you about the evidence-base, I want to draw your attention to two documents that I think pull it together nicely for us. One comes from the early intervention field, and the other from the early childhood sector, and I think that’s kind of nice too, because we should all be working together when we’re thinking about this.

The first one is a document that was developed just last year, and it’s the Best Practice in Early Childhood Intervention National Guidelines. This was a piece of work that was done through Early Childhood Intervention Australia, and they very wisely went and talked to the sector, listened to them about what was important to them in terms of best practice guidelines. They also looked at the empirical literature, and they brought together a very nice piece which gives us guidance about the things we should be thinking about. And why I say it’s important that they talked to the sector is, that our understanding of evidence-base is not just about the literature, the research, it is about this triad isn’t it, where we think about what’s the literature telling us or the empirical research? What’s the wisdom and professional expertise of the sector? And, what’s the family’s preference and values that they bring to decision making about the kind of supports that they are wanting to access and participate in? So it’s that triad really that I think has been an important piece for this work.

So the Best Practice Guidelines, and I’ve given you the link there if you want to dip into it, is importantly they’ve got family right up there. This is what we need to be thinking about as our collaboration with family.

Inclusion and our participation, engaging in natural environments is one of their other key elements.

Teaming, this is about teamwork both within services and the kind of relationships that we have with each other, Early Childhood Education and Care, Early Intervention, Maternal and Child Health and so on. We need to be working together and we need to be focusing on building the capacity, both of each other, but also the families that we’re working with.

And lastly, universal principles, that having a strong evidence-based, and an outcomes-based approach is important to our work. And for those of you that are hear from the Early Intervention sector, this is utmost in our minds because we’re all in the middle of pretty rigorous accreditation processes at the moment, where we’re ensuring that we’re meeting the Victorian Early Intervention Standards, an important thing for us to be doing.

So that’s one piece of work I wanted to draw your attention to in terms of the evidence based around early intervention. And now I want to draw your attention to some work that’s coming from the UK primarily, Elena Soukarkou has been doing some work, thinking about what are the evidence-based practices for early childhood education and care settings. So, she’s thinking in particular about three to five year olds in terms of developing this tool, the Inclusive Classroom Profile.

Elena is based in the UK but she’s doing a lot of work with colleagues in the US at the Frank Porter Graham Centre in North Carolina that I’m sure some of you are aware of. They have a rich array of resources for us to be thinking about that evidence-based inclusion for children with developmental delays and disabilities.

The Inclusive Classroom Profile was developed as a quality measure really, to be helping us understand quality inclusive practices. But I think it’s got utility for us in terms of really digging in and seeing what are the practices that we know work, those high impact strategies? And here’s her list of 12, and I think it ain’t rocket science is it in terms of what’s there. This is stuff that we’re pretty familiar with and know is effective.

But what I want to draw your attention to is the family professional partnerships which just comes up time and time again. The evidence based around the work that we should be doing with families is so very strong, and we need to be doing it well. It needs to be the focus of all the work we do.

It would be remiss of me not to talk about the National Disability Insurance Scheme, because we are currently in this rapidly changing environment for people with disabilities, including young children. So for those of you who are working with young children with disabilities, this is a time when our service system is changing.

We can see just from this graph, about the number of participants as they’re called in the NDIS, that are entering the scheme as it progressively rolls out across the nation. And the COAG’s report that came out just last week that’s giving us data about how many young children are entering the scheme, is telling us that at the end of March there were about 33,000 referrals in Victoria for young children to the early childhood, early intervention pathway.

This is a lot of children and families that are negotiating a new service system. And it’s important for us to know a little bit about this wherever we are in the sector, to help support children and families navigate it.

So I mention the National Disability Insurance Scheme because it’s the system, the climate that we’re currently in. And I think when we look at the number of children and families that are now interacting with the NDIS, this appears to be a high risk situation in terms of how we support children and families. But I’d like to suggest that it’s also a high opportunity for us, that one of the core pillars of the National Disability Insurance Scheme is community and mainstream.

This is about inclusion and participation, and it’s really important that we hang on to that, and we fight hard for the things that we’ve been doing so well in Victoria, in terms of having a really solid, universal early childhood platform that interacts so beautifully with the early childhood intervention field.

So I would like to close on that note to say let’s keep working hard as we’re transitioning into the National Disability Insurance Scheme so that we can support children and families and each other well.

I thank you for your time.

### Mark Baigent

Thank you Kerry. Last but not least, Miranda Edwards, Director of Lulla’s Child and Family Centre. Please welcome Miranda.

### Miranda Edwards

Thank you. I firstly would like to acknowledge the traditional owners of the land that we’re here on, and pay my respects to elders past, present and emerging leaders.

My name is Miranda Edwards, and I am a Noongar woman from Western Australia. I am from the Wiilman tribe of the south west of WA, and I am married to a Bangarang man in Shepparton and have three beautiful children.

Because of her I can, what a great theme this year for NAIDOC. My grandmother was part of a generation that was not acknowledged, had 17 siblings that were all part of the stolen generation. She shared with me recently a story that shocked me, that she worked on a farm for years for 50 cents a week. As I sat there horrified, she also shared with me her journey.

She was a foster parent for over 120 Noongar children. She was the Chairperson for the Catholic Education Office in Perth, and an advocator for our rights to a better future. And because her I can.

As you look at this slide, this family is amazing. The story that I’m talking about is Lulla’s Children and Family Centre. Esmerelda Bamblit and her daughters on this slide, and I love this picture.

The next picture is of Esmeralda and all her children and her husband. Lulla’s has been going for 10 years, but for 36 years Lidje MACS Childcare Centre and Batdja Preschool joined to become one of the first birth to kindergarten program in our region for indigenous children, a one-stop place.

The children of Esmerelda wanted to acknowledge their mum by naming our centre Lulla’s as she was funnily called as a nickname. This was because their mum always told them that education will get you out of poverty. Some of the children only went to year five, and now they have gone on to become CEOs, doctorates and amazing people of our state.

I’d also like to acknowledge Geraldine Atkinson in the room, she’s the Chairperson of Lulla’s Children and Family Centre. She’s the President of VAEAI. She’s the Vice Chair of SNAICC, and she’s an advocate for all Aboriginal children in Australia, so thank you Aunty Gerry.

I’d also like to acknowledge the Bangerang people and the Yorta Yorta people for allowing me, and give me the strength to teach and learn on their land.

Lulla’s Children and Family Centre has been going for 10 years. We have 13 staff, 11 of them are indigenous and two are not indigenous; 120 children. The vision is that all Aboriginal children have the best start to life. What we know is that high quality early intervention and education improves children’s lifelong outcomes across all areas, education, health and wellbeing.

Early intervention education is more effective, particularly for vulnerable families, when it’s a holistic approach, addressing children and family’s learning needs, taking into account the context in which they live.

Closing the gap in outcomes between indigenous and non-indigenous Australians, requires a focus on early intervention and education of indigenous young children from birth and their families and communities. As you can see, these are all key aspects of our centre, that we have to have involved.

The Annual Health Day started eight years ago, where a mum came to me very concerned about a Centrelink benefit that she needed, and also an immunisation requirement to go off to school, that she said, ‘I don’t know how I’m going to do this’. So we got thinking, and I said, ‘I’ll organise it here at Lulla’s. I’ll get the immunisation nurse in and we’ll have a day to make sure every child is checked and that they don’t have to go through this stress.’

The first year we had 10 children complete a 3½ to 4 year old check with an MCH nurse and an immunisation team come and just do a check. The next year I thought well, we could do better. We could do better and invite the community to come along and make sure our children have this thorough check. The second year we completed 20 kids from our service complete the 3½ to 4 year old check. Over the years, this year’s our eighth year, but last year we successfully completed 78 indigenous kids from our community, not only Lulla’s kids, complete a 3½ to 4 year old check.

This form now goes off to any specialised service that’s involved in that day, or anyone that needs to be involved, and then it continues with their journey onto school. Some of the people involved in that is dental, hearing, optometrists, dieticians, doctors from the Melbourne Rural Health, Rumbalara Co-Op, and families - and MCH and the immunisation team, they’ve always been a part of the journey.

Some of the mums that come on these days say Lulla’s is a place where they feel culturally safe and not judged. Last year a Maternal Health Nurse shared with me, she’d never stepped in Lulla’s before, and she’d never dealt with any Aboriginal families, and it was a learning curve for her. She then said to me, ‘one mum came in and shared her story with me’, and I knew that this mum was very scared about going to see the MCH nurse. She was 21, pregnant and she’d had two children. None of her kids had been checked. And she said, ‘I wasn’t going to come but Miranda gave me the encouragement to come because she shared with me how important the developmental checks were, and so I knew coming to Lulla’s I’d feel culturally safe’. So that Maternal Health nurse walked away with, I can make sure that any mum comes to me, and in that situation, make sure that she feels culturally safe. So I’m doing a lot of work in Shepparton around the Maternal Health Nurses in their offices, to make sure when any family, Aboriginal family walks in their doors that every family feels culturally safe.

Our meals night, another parent - and when I look at all these services they’re around family-led and children-led, so our meals night, a mum came to me in a need of food. And of course, you know, we do whatever we can. And then I started to think, well hang on, one night a week at Lulla’s we can open the doors and feed our families.

And so I put on a meal - well I did a barbeque and I actually said to our staff, ‘I don’t think many people are going to come’. 50 families rocked up that night. So three years on it is a need. We have families saying to us we budget around that night. So in order of us having that night we can buy other things for our kids. It’s a social night. It’s where they can come. They don’t have to worry about cooking or cleaning at home. It’s a socialised - we’ve had families that have come and said can I bring my aunty, uncle, nans and pops? There’s been a night where I’ve just had the elders there and no kids. So it really is a key part of our service and a need for our families.

So you’ll see there we’ve had a range of services that we have in our centre, Communities for Children, the HIPPY Program, the Closing the Gap Worker. The Closing the Gap Worker was a key part of our organisation where not every Aboriginal child comes to Lulla’s. So we know that there’s children out there that are not attending an early year service or a kindergarten. The Closing the Gap Worker is based at Lulla’s but she works for the whole of the community. So this was an initiative from Communities for Children and myself, to make sure that families knew that they could access this worker and get them in the doors of anywhere that they could. Now we didn’t know how this was really going to work, but the first family she worked with was nearly on the brink of homelessness, had not accessed a kindergarten service. And the outcome four weeks later was, because of this Closing the Gap Worker, a home, the child’s in Lulla’s, and now getting all their key checks from immunisation and Maternal Health. So this lady, if this didn’t - if this worker wasn’t there we don’t know what would have happened with this family. She would have fell in through the gaps.

What works? Services are more effective for indigenous children and families when they are aware of, and address of their cultural competency, and cultural safety in our service delivery.

A key component of our cultural competency is the safety and often rests on employing indigenous works. It is critical that non-indigenous staff have the awareness on how to engage and support all of our cultures. Honest engagement and building trust, working with community, and a focus of empowerment and working from strengths makes a difference.

I just love these pictures and what we - it’s embedded into our curriculum. It’s embedded into our every day. And it shares that our children have a sense of identity.

So some of the key people that we work with with SNAICC - SNAICC, an organisation that is a resource to have, and are the advocates of the voice of our children. VAEAI - VAEAI is another key organisation, the Victorian Aboriginal Education Association. It advocates from birth to tertiary on education, and is key support and advice for Aboriginal children and education.

I am also the local Aboriginal Education Consultative Chair that feeds back key information to VAEAI, and works in partnership with the Department of Education and Training.

This is another project that I’ve been involved in, the Kaiela-Dhungala First People’s Curriculum. Five years ago a teacher from a primary school in Shepparton came to me with an idea, and I shared with him that I thought he was crazy. He said to me, ‘I want to embed local indigenous curriculum into our schools’. And at that time our two local groups, you know, they had their differences. And I said to him, ‘I love the idea but how can I help’? And he said, ‘let’s get together and consult’. Now consult took three years, three years of us to consult with our elders and our community. I’m not from Shepparton, so I knew how important that key aspect of getting this in. Again, with Tim as well, a non-indigenous person, he said, ‘if it’s not right we don’t go through with it’.

But after three years we were successful with having a group of teachers come on board voluntary to develop a curriculum and show our community, and show our elders, that if we embedded this into the schools, that our children would feel a sense of pride and identity, and our non-indigenous students will also be learning about the first people’s nation of Australia.

So now today we have over 300 teachers in our region that are champions. I call them champions because they all turned up to a training session. They’ve embedded into their school and they’ve asked for local knowledge. And we have 58 schools in our region that have committed by embedding this into - so principals have embedded this into their programs.

We’re now in the stages of putting an early years aspect in. We’ve concentrated on primary school to high school, and now I’m really excited to be a part of the early years being my passion. So stay tuned for that because it’s in the next couple of months that we’ll be putting an early years aspect into it.

So what needs to change? We cannot assume what works with families from non-indigenous can be used to successfully shape our indigenous programs. Mainstream services offering support without consulting or taking into account our cultural competency, cultural safety for our indigenous children, developing a one size fits all, assuming that as we as outsiders to participate in community know what will work best in our community does not result in programs that meet the community needs. And I read that to myself last night, and exactly, I, you know, I’m not from Shepparton, but I’d always respect and consult my community, my Chair, my board, the staff, they know the community.

How to significantly increase indigenous workforce in the early years, and in saying that train them, support them, and hopefully they will stay and remain in our community.

How do we develop unique indigenous service for indigenous families? How do we increase trust of indigenous families in the mainstream services? How do we support indigenous and non-indigenous people to move forward together in partnership in service delivery?

I will leave you with these questions, but also by sharing our culture and our story, hopefully these questions can be answered.

### Mark Baigent

Now just bear with us, because we’re a little tight on time, but I’m going to, out of the plethora of questions that have been prepared for this incredible panel, ask one question.

And you’re going to have 15 seconds of fame each to respond to this.

So the entire focus of this session was around welcoming, including and supporting all children. So how do we build the capability of the early childhood workforce to respond to the needs of all children, to ensure that early childhood services are welcoming and inclusive? What’s the one thing that you would suggest? And I’ll start at the far end, Aileen.

### Aileen Ashford

I think the common theme across everyone is that you work with family, and you include family.

### Mark Baigent

Work with families, thank you.

### Kerry Arabena

I’d have to agree, just - and all manifestations of family, so not just biological parents but those who actually are caring adults who want to be responsible for growing up children safe and strong.

### Mark Baigent

Fantastic. Kerry?

### Kerry Bull

For me, this is something that we need to be striving for. And there’s words that I’ve been hearing from all four of us around being respectful, trusting, non-judgemental, those words are the ones that we need to bring to our work with children and families.

### Mark Baigent

Thank you.

### Miranda Edwards

Yeah, building relationships and trust are the key with everybody, you know, in the sector, and the services as well, the Allied services.

### Mark Baigent

Four 15 second bites of wisdom. Thank you so much. Would you join me in thanking our extraordinary presenters?