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Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level

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Summary

What we know

There are wide gaps in the early life outcomes of Indigenous and non-Indigenous populations. This is evidenced by:

- the significant gap between the mortality rates of Indigenous and non-Indigenous children aged under 5
- the higher rate of poor health conditions, low birth-weight, hospital admissions and poor nutrition among Indigenous children compared with other children
- the higher prevalence of clinical, behavioural and emotional disorders among Indigenous children
- the low performance of Indigenous children on tests for literacy and numeracy compared with other young Australians.



Indigenous children are in greater danger developmentally, owing to risk factors originating within the family environment, the community where the child grows up, and the type of early childhood development (ECD) programs that Indigenous children are exposed to. Specific risk factors include:

- smoking during pregnancy
- drinking during pregnancy
- stressful intra-uterine conditions
- poor health and nutrition during pregnancy
- challenges faced by parents
- problems in parenting
- disadvantaged socio-economic conditions
- insufficient availability and effectiveness of early childhood development programs and services.

What works

Promoting healthy Indigenous early childhood development is complex. It requires multiple responses and multi-stakeholder interaction to promote physical, social-emotional and language-cognitive domains of development and to tackle the longstanding 'upstream' family and community challenges that contribute to disparities in early life outcomes.

Localised early childhood development aims to address this complexity and achieve a community-wide shift in early life outcomes. Locally based early childhood development initiatives comprise multiple programs and services that are responsive to local context, culture, priorities, needs and strengths and build on the core expertise and capacity of different organizations. The processes of localised early childhood development emphasise Indigenous leadership and involvement in governance, action planning and program delivery and prioritise community capacity building.

Localised early childhood development 'works' because it leads to interventions that:

- multiply effects through alignment of effort among partners
- are tailored to address local determinants of early childhood development
- take account of the realities of the local service delivery environment
- have local legitimacy and credibility
- take advantage of community strengths and abilities
- integrate funding
- strengthen Indigenous capacity and empowerment.

What doesn't work

A localised early childhood development strategy will not be successful unless there is:

- a shared sense of need for change
- flexible funding source(s)
- community organisation and engagement
- Indigenous capacity for early childhood development
- strategic action framework.



These 5 conditions enable localised ECD initiatives to withstand the many challenges of aligning multiple community partners to a common agenda. They help evolve a culture of respect, trust, strategic decision-making and organic learning and encourage implementation of early childhood development strategies that are relevant, meaningful, sustainable and effective in their local context. While there is no simple recipe for putting the dimensions of localised early childhood development into practice, ignoring them—or not implementing them well—can lead to failure.

What we don't know

Knowledge is improving on the preconditions and processes necessary to make localised early childhood development succeed. However, more guidance is needed on how to accomplish this on the ground, including the most effective approach for local governance, community organisation, consultation and financing and overcoming common implementation challenges. There are also gaps in knowledge relating to the most appropriate levers of change, such as the benefits of parent education and home visiting programs for Indigenous Australian families, how to address low use of early learning programs, how to best target programs and whether the success of 'proven' programs is applicable across diverse geography and populations.

Background

One of Australia's greatest challenges is the elimination of the gap between the developmental outcomes of Indigenous and non-Indigenous children in the early years of life. Not only is eliminating inequality a fundamental moral responsibility, child development is a determinant of health, wellbeing and learning skills across the balance of the life-course and therefore critical for our nation's progress.

A large body of research in developmental neuroscience and child development shows that ensuring all children have an equal chance to thrive and grow pays dividends through 'a lifetime of productivity in the workplace and responsible citizenship in the community' (NSCDC 2007). The 'science of early childhood development' or the social value return of investing in early childhood development has brought worldwide interest to this broad policy and program space (Knudsen et al. 2006).

What do we mean by early childhood development?

Early childhood development is a comprehensive approach to policies and programs for children from before birth to 8 years of age, their parents and caregivers. It is aimed at ensuring all children have an equal chance to thrive and grow. It encompasses the interrelated or holistic aspects of children's development, which includes the physical, social-emotional and language-cognitive domains. ECD is aligned to, and complements, agendas and priorities for child health, pre-primary education, maternal and child health, quality early childhood care and education (ECCE) as well as child and family welfare. Internationally, ECD is tied to agendas for the 'rights of the child,' 'child survival,' 'gender equality' and 'access to education' (UNICEF 2001).



Early childhood development policy in Australia

There has been a clear and compelling commitment and focus in Australia on ECD. It is currently positioned as a national priority and mechanisms are being used to bring about an 'unprecedented' level of investment and activity in services and implementation of policy as well as cooperation and coordination between the Commonwealth and state and territory governments (Helyar et al. 2009). As well as national collaboration, all states and territories have taken steps to implement prevention and early intervention policy frameworks on ECD (Silburn & Walker 2008).

Social investment in the early years has also become a mainstay of efforts in Australia to reduce social inequality, including Indigenous disadvantage (James 2008). Policy on Aboriginal affairs now increasingly concentrates on childhood—'with a growing focus on early education and childcare services, parenting and early learning' (Robinson et al. 2011:1).

Different countries have different priority targets in order to achieve ECD, such as impact targets for parenting skills or access to kindergarten and different strategies and interventions to achieve them. Australia has an overarching whole-of-government plan to ensure all children experience a positive early childhood, from before birth to 8 years of age, articulated in the Investing in the Early Years – A National Early Childhood Development Strategy (COAG 2009a).

There are specific priorities and strategies for Indigenous ECD. The National Indigenous Reform Agreement (Closing the Gap) commitment is an ambitious long-term framework that commits the Commonwealth, states and territories to new investments to close the gap in Indigenous disadvantage (COAG 2008). Indigenous ECD is one of the strategic platforms for addressing Indigenous disadvantage and 3 of the 6 Closing the Gap targets relate to ECD:

- halve the gap in mortality rates for Indigenous children under 5 within a decade
- halve the gap for Indigenous students in reading, writing and numeracy achievements within a decade
- ensure all Indigenous 4-year-olds in remote communities have access to quality early childhood education within 5 years (COAG 2008).

The Closing the Gap: National Partnership Agreement for Indigenous Early Childhood Development (COAG 2009b) was developed within the context of the broader COAG reform agenda. The establishment of Children and Family Centres and increased provision of antenatal care, pre-pregnancy and teenage sexual health, and maternal and child health services, are the key strategies designed to achieve the Closing the Gap: Indigenous ECD targets.

Aims of paper

The aims of this paper are to:

- outline what we know about the size of the gap in ECD between Indigenous and non-Indigenous Australians, and the social determinants of ECD
- establish why localised ECD is an effective means to close the gap in the early childhood years
- describe the conditions under which localised ECD is more likely to be successful and how to put them into practice
- describe 3 broad strategies to promote physical, social-emotional and language-cognitive domains of development and reduce developmental risk.

To review and synthesise the broad and diverse knowledge relevant to localised ECD, several sources were consulted including peer-reviewed scientific literature, policy documents and reports from governments, international agencies and civil society groups.



What we know about the inequalities in early childhood development

Inequalities in developmental health

Child mortality rates, the prevalence of emotional and behavioural disorders, deficits in language and cognitive skills, and poor health outcomes highlight the gap in early life outcomes between Indigenous and non-Indigenous Australians.

Mortality rates for children under 5

Although there are signs of improvement in overall child mortality rates over the past 10 years, there is still a significant gap between the rates for Indigenous and non-Indigenous children aged under 5. The latest Australian Institute of Health and Welfare (AIHW) National Perinatal Statistics (Li et al. 2012) records the higher rate of infant mortality (death of a child under 1 year of age), fetal death, perinatal death (occurring between 20 weeks of gestation and 28 completed days after birth) and neonatal death (first 28 days of life) for babies born to Indigenous mothers compared with babies born to non-Indigenous mothers. For children aged 1–4, the latest AIHW statistics (2006–2010) show the Indigenous child mortality rate was more than twice the non-Indigenous rate (AIHW 2013).

Physical health

Preterm babies (born before 37 weeks of gestation) are at risk for a range of adverse neonatal outcomes. In 2010, 13.5% of babies born to Indigenous mothers were preterm compared with 8.0% of babies born to non-Indigenous mothers. The health risks of low birth-weight have been well established. According to the latest National Perinatal Statistics, twice the proportion (12%) of live-born babies of Indigenous mothers were low birthweight compared with those born to non-Indigenous mothers (6%) (Li et al. 2012).

Children need good nutrition prenatally and in the first 2 years of life to develop their potential. Although there are important differences in rates of breastfeeding initiation between Indigenous women in urban and rural/remote areas (Zubrick et al. 2004), the initiation rate of exclusive breastfeeding is lower among Indigenous women overall compared with non-Indigenous women. Indigenous babies are also breastfed for a shorter period than non-Indigenous babies (AIHW 2009, 2012a; Craig et al. 2011).

Indigenous children are more likely than non-Indigenous children to suffer from health conditions such as pyoderma (Lehmann et al. 2003), skin infections (Baillie et al. 2010), impaired hearing (Lehmann et al. 2003) and dental caries (AIHW 2012b). Indigenous children are also admitted to hospital at a higher rate than non-Indigenous children from birth to 2 years of age (Carville et al. 2007).

Behavioural and emotional disorders

The Western Australian Aboriginal Child Health Survey (WAACHS) showed almost one-quarter (24%) of Indigenous children aged 4–17 were assessed from carer responses to the Strengths and Difficulties Questionnaire (SDQ) as being at high risk of clinically significant emotional or behavioural difficulties compared with 15% of non-Indigenous children (De Maio et al. 2005).



Language and cognitive skills

Low performance of Indigenous children on tests for literacy and numeracy and related indicators are well known (Mellor & Corrigan 2004). The Australian Early Development Index (AEDI) data highlights the poor developmental health of Indigenous children in their first year of full-time school. Specifically, a higher proportion of Indigenous children than non-Indigenous children were developmentally vulnerable (as opposed to developmentally 'on track' or developmentally 'at risk') on each of the 5 AEDI domains (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge). In relation to the language and cognitive skills domain, 22.4% of Indigenous children were considered developmentally vulnerable compared with 5.9% of non-Indigenous children (Australian Government 2013).

Results from the 2012 national literacy and numeracy tests (NAPLAN) for Year 3 (where the average age of students is approximately 8 years) show that in all achievement domains (reading, persuasive writing, language conventions and numeracy) and for all jurisdictions, the mean scale score for Indigenous students was well below the mean scale score for non-Indigenous students (ACARA 2012). Further, there was a very clear trend in the data—again across all jurisdictions and domains—for achievement among Indigenous students to deteriorate as the level of remoteness increased.

Determinants of inequality in early life outcomes

A variety of interacting and interdependent experiences and environmental conditions are responsible for development in early childhood. This understanding is based on theoretical frameworks in developmental psychology including Urie Bronfenbrenner's Bioecological Model (Bronfenbrenner 1979; Shonkoff 2010) and frameworks put forth in social epidemiology which address the social determinants of health. The most important influences originate from within the womb, the family environment ('family' refers to relationships defined by kinship links to the child and the prospect of links of intimacy to the child), the community where the child grows up and the type of early childhood development programs that children are exposed to. The available data strongly suggest that hazards to the developing child are not distributed equally across Indigenous and non-Indigenous groups.

Intra-uterine environment

Maternal illness, poor health and nutrition in the pregnant mother, exposure to toxins and stressful intra-uterine conditions adversely affect the health of the growing fetus. Research suggests that the environment in the womb can even influence the risk of certain diseases such as cardiovascular disease, diabetes and obesity in later life (PMSEIC 2008; Peltó et al. 1999).

Pre-existing diabetes can affect both women and their babies. It is known to affect 3 to 4 times more Indigenous women than non-Indigenous women (AIHW 2010). Data from the Australian Bureau of Statistics (ABS) collected when children were aged 0–3 also shows an elevated risk for diabetes, sugar problems and high blood pressure in pregnant Indigenous women (ABS 2012).

Access to, and uptake of, antenatal services among pregnant Indigenous women is another area of inequality. According to the latest national statistics, Indigenous women have fewer antenatal visits than non-Indigenous mothers. Among mothers who gave birth at 32 weeks or more, 78% of Indigenous women had 5 or more antenatal visits compared with 92% of non-Indigenous mothers (Li et al. 2012).



Smoking is a risk factor for pregnancy complications and is associated with poor outcomes such as low birth-weight, preterm birth, small for gestational age and perinatal death (Laws et al. 2006; AHMAC 2012). In 2010, a higher proportion of Indigenous mothers (49.3%) reported smoking at some stage during pregnancy compared with non-Indigenous mothers (12.1%). Further, a lower proportion of Indigenous mothers (9.6%) stopped smoking during the second half of pregnancy compared with non-Indigenous mothers (18.4%) (Li et al. 2012). Data collected by the ABS in 2008 when children were 0–3 years were similar: 42% of Indigenous mothers reported they had smoked during pregnancy, although 24% had smoked less after they found out they were pregnant (ABS 2012).

Prenatal alcohol exposure is a serious concern for child development and Fetal Alcohol Spectrum Disorders (FASD) are the leading preventable cause of non-genetic, developmental disability in Australia. In 2008, 1 in 5 Indigenous mothers with children aged 0-3 reported drinking alcohol during pregnancy (ABS 2012) and there are clear indications that FASD is more prevalent in Indigenous communities (HRSCSPLA 2012). The Foundation for Alcohol Research and Education (FARE) estimates the prevalence of FASD generally to be between 0.06 and 0.68 per 1,000 live births, whereas the prevalence of FASD among the Indigenous community is estimated between 2.76 and 4.7 per 1,000 births (Peadon et al. 2008). However, experts suggest these statistics significantly underestimate the true incidence of FASD. A study in far north Queensland estimated a FASD prevalence as high as 1.5% (15 per 1,000 live births) in the Indigenous child population, with one Cape York community having a prevalence of 3.6% (36 per 1,000 live births).

Family environment

Family environment conditions have a particularly strong impact on ECD. Any chronic problem, either physical or mental (especially of the mother or primary caregiver), such as intimate-partner violence (Volpe 1996), maternal depression (Shonkoff et al. 2000) and chronic illness, can have a deleterious effect on parent-child interactions, parental employment and early childhood stimulation and, in turn, child development (Willms 2003; NICHD Early Child Care Research Network 2002).

The over-representation of Indigenous children subject to child protection substantiation and in out-of-home care suggests a far higher proportion of Indigenous children than non-Indigenous children grow up in a risky home environment. In 2011–12, Aboriginal and Torres Strait Islander children were almost 8 times as likely to be the subject of substantiated child abuse and neglect as non-Indigenous children (rates of 41.9 and 5.4 per 1,000 children, respectively). Nationally, the rate of Indigenous children in out-of-home care was 10 times the rate for non-Indigenous children (AIHW 2013). In relation to parental mental health, data from the third wave of the Longitudinal Study of Indigenous Children shows that almost 1 in 5 primary carers had experienced depression for more than 2 weeks. Of these, 61.8% were getting help, 33.1% said they were not receiving help, and 3.6% said that no help was available (FaHCSIA 2012a).

The reasons for problems in parenting are complex. The inter-generational effects of colonisation and policies of forced separation and removal from natural family has had a negative effect on the wellbeing of Indigenous adults to the extent that some experience parenting problems and other complex issues such as addictions, family violence and depression (Atkinson 2002; ATSIJC 2008; HREOC 1997; Stanley et al. 2003). In the WAACHS, for example, Aboriginal carers who were forcibly separated from their natural family by a mission, government or welfare were more likely to have problems relating to offending, alcohol or gambling, mental health, financial strain, single parenthood and social isolation (De Maio et al. 2005). Further, children in the WAACHS who were cared for by a primary carer who was forcibly separated from their natural family were more than twice as likely to be at high risk of clinically significant emotional or behavioural difficulties compared with children whose primary carers were not forcibly separated.



Community environment

Children and their families are shaped by the characteristics of the communities in which they live and their ties to those with a common ethnic, religious and language/cultural identity. Although there is variation across communities, the effects of colonisation and trauma surrounding forced removal from natural family has contributed to disadvantaged socio-economic conditions such as overcrowding, inadequate housing and unemployment in many Indigenous communities (HREOC 1997). In the WAACHS, primary carers reported being bothered by drug abuse, alcohol abuse, family violence, families splitting up and offence-related behaviour. Local access to health and medical services, transport and communication services, and community services including essential services for children is also a problem especially in remote and very remote regions (ATSISJC 2008).

Early childhood development service environment

ECD programs and services include those which are beneficial for young children across physical, social-emotional and language-cognitive spheres of development. The key issues they address and the manner in which they are delivered are many and various. ECD programs and services include those that focus on children indirectly, through their support to parents and caregivers. These include parent education programs. ECD can also be delivered from other service platforms, such as health care services.

Lack of access to, and participation in, ECD programs among Indigenous populations are a known risk for poor outcomes early in life. The relatively low participation by Indigenous children in early learning programs has been a particular concern (AIHW 2009). Baxter and Hand report that 21% to 30.6% of Indigenous children are not participating in early learning programs compared with 6.1% to 17.6% of non-Indigenous children (Baxter & Hand 2013).

Lack of ECD infrastructure and services is part of the problem, especially in remote and very remote areas. Longitudinal Study of Indigenous Children data released in 2012 show the availability of a local playgroup was lowest in areas of moderate to extreme level of relative isolation (LORI) (FaHCSIA 2012a). Specifically, 16.6% of respondents in moderate to extreme LORI reported that a playgroup was not available locally, compared with 4.3% and 5.8% of respondents in low LORI and urban areas respectively.

Service delivery fragmentation is a further barrier to access. Multiple departments and agencies are responsible for the development and implementation of ECD policies and services, and governments at both the federal and state level have Indigenous policy and program responsibilities (ANAO 2012b). Lack of co-ordinated focus in the delivery of services for the early years can lead to families and children 'falling through the cracks' (Moore & Skinner 2010). Cost (or perceived cost) and beliefs related to the non-parental care of young children also influence participation rates (Baxter & Hand 2013).

Past government practices, including forced removal and an absence of cultural awareness and competence, also create difficulty for mainstream services to earn Indigenous support and engagement (Robinson et al. 2011).

What is localised early childhood development?

Localised ECD is an approach to providing ECD programs and services that reflect the diversity of conditions and needs in Indigenous communities. ECD actions emerge in response to local context, culture, priorities, needs and strengths, and build on the core expertise and capacity of different organisations. Localised ECD emphasises Indigenous leadership in the ECD agenda and involvement in program delivery. The approach is analogous to 'community development' (Higgins 2010:6), 'collective impact' (Hanleybrown et al. 2012; Kania & Kramer 2011, 2013) and 'community action' social change approaches. Localised ECD is also aligned with interventions that address the social determinants of health (CSDH 2008).



Why does localised early childhood development work?

Localised ECD assumes that the actions and strategies that take place through a process of community involvement, empowerment, integrated funding and collective thinking and decision-making result in relevant, meaningful and effective programs and services accessible to all who need them.

Healthy ECD requires a focus on the whole child including children's health and nutrition, social-emotional and language-cognitive development. The evidence comes from paediatrics, psychology, nutrition, child development and anthropology, which tells us that all areas of growth and development are intimately related and mutually supported (UNICEF 2006). Supporting healthy ECD means tackling the wider social determinants of health; that is, the 'upstream' family and community factors that contribute to disparities in early life outcomes.

Complex social objectives such as healthy ECD that require multiple responses and multi-stakeholder interaction are effectively organised and focussed at a local area level. Good examples in Australia are programs that have addressed social problems such as crime and family violence through a public health model or continuum of intervention approach (Armstrong & Francis 2004; Hayes 2006). The considerable promise that 'collective impact' partnerships such as Communities that Care and the STRIVE Partnership educational initiative (Kania & Kramer 2011) have shown in addressing their chosen issues further underscores the merit of aligning resources and pulling diverse partners together at a community level to create large-scale progress, including development for Indigenous people (Ball 2008).

Programming experience strongly suggests that 'what works' in ECD is highly contextual. While there are principles of ECD programs and services that are readily transferable between places, many program features require tailoring to the social, economic and cultural contexts in which they are found, particularly under conditions of complexity.

Evolving ECD strategies to reflect the realities of the local service delivery environment and adapting to on-the-ground challenges is also critical to program effectiveness and sustainability. Choices on whether to promote ECD through building on early childcare and education programs, or working through health and nutrition programs or providing holistic services, depend critically on local conditions and capacities. The experience of the Let's Start Exploring Together Preschool Program in the Northern Territory is instructive. It showed that community-based organisations and agencies did not have 'the professional resources or sustainable managerial focus to deliver targeted early intervention programs to high professional standards consistently over time' (Robinson et al. 2009:16).

Localised ECD facilitates delivery of services in a manner that strengthens Indigenous capacity and participation including Indigenous community control, endorsement of services by community Elders and leaders, and delivery of services by local Indigenous people. This is important because Indigenous people are far more likely to participate in programs that have local legitimacy and credibility (COAG 2008; Bowes & Grace forthcoming). As well as direct effects, delivering services in a way that empowers Indigenous people to have greater control over their own lives and that of their community contributes indirectly to improvements in ECD by supporting long-term sustainable change (McKenzie & Shangreaus 2011; Pyett et al. 2008). Demonstrating the value of this approach, the local evaluation of the Communities for Children (CfC) initiative in East Gippsland (which has a high level of Indigenous residents at 2.7% of the total population) concluded that 'Place-based community development principles that engage community people in the design, planning, implementation and evaluation of decisions that affect them, have the most meaningful outcomes for communities' (Kilmany Uniting Care et al. 2008:7).

Evaluated initiatives

Despite the clear rationale for a localised approach, demonstrating that emergent solutions, community empowerment, local collaborative efforts and continual adaptation contribute to ECD outcomes and reduced risks is not easy.



Locally based initiatives that have been tried have required transformative changes in the way in which governments in particular have prioritised, funded and delivered services. For this reason, and because the outcomes of localised actions can be slow to observe, evaluations have tended to focus on implementation issues such as relationship building, partnerships and establishing structures rather than on social outcomes such as alleviation of disadvantage. Findings from the evaluation of early approaches have highlighted frustrations relating to funding, lack of expertise and difficulties getting sectors to work together, as well as successes (Gilbert 2012). The Bush Babies Playgroup in the Orange Aboriginal Community (TAFE Directors Australia 2009) is a good example of a localised ECD initiative that has met partnership and community capacity building objectives.

Outcome evaluations of comprehensive and localised interventions for young children and families are beginning to emerge in Australia. There is evidence that the CfC (East Gippsland) program, for example, has had a positive impact on ECD indicators. More recently established place-based initiatives such as the Cape York Welfare Reform trial, which incorporates new approaches to ensure families respond to children’s needs, also provides useful evidence about effectiveness (FaHCSIA 2012c). Localised initiatives in developing countries have also demonstrated improvement in children’s physical, psychological and social development and that they were cost-effective for the individual and for society (UNICEF 2006).

Although there is a high level of interest in catalysing and implementing localised ECD, published guidance is limited to descriptions of programs and evaluations, and principles for effective implementation. The rest of this paper is therefore intended to provide more detailed information on how to begin, manage and structure localised ECD initiatives. It includes an overview of ECD strategies and interventions that might usefully be deployed to produce community-wide improvements in early life outcomes.

What are the conditions of localised early childhood development?

Several sources point to a common set of conditions for sustainable community or collaborative action on social issues that seem to apply to many different cultures, languages and contexts (for example SNAICC 2012a; Kagan & Britto 2005; Kania & Kramer 2011; UNICEF 2006). In an Indigenous ECD context, these components can be summarised most simply as:

- a shared sense of need for change
- flexible funding arrangement(s)
- community organisation and involvement
- Indigenous capacity for ECD
- strategic action framework.

How these 5 conditions can be put into practice is illustrated in Table 1.

Table 1: Conditions and activities to putting localised early childhood development into practice

Conditions	Key activities		
Shared sense of need for change	Communicating the science of early childhood development	Communicating community-level outcome data	
Flexible funding arrangement(s)	Mobilising funding		
Community organisation and engagement	Establishing a lead convener or ‘backbone’	Establishing a governance group	Consultation and continuous communication
Indigenous capacity for ECD	Building Indigenous organisation capacity	Building Indigenous workforce capacity	Building Indigenous leadership and governance capacity
Strategic action framework	Identifying community problems or needs	Developing a local ECD agenda and outcome targets	Assessing progress and continuous learning



Shared sense of need for change

A shared sense of need for change is essential for local action on ECD (Kania & Kramer 2011, 2013). Multiple stakeholders need to see a critical need in the community or be convinced that a new approach is warranted. Several sources have suggested that an influential champion is an essential precondition to generate a sense of urgency and bring people together.

Communicating the science of early childhood development

Effectively communicating evidence-based information from the neurosciences about early childhood development and of the role that quality early childhood experiences play in contributing to children's development can build common ground and commitment to do things differently.

Communicating community-level data

Making community-level outcome data publicly available is another practical way of raising consciousness within the community (Silburn & Walker 2008). Developmental health outcomes described at the beginning of the paper can be reported at a local area level to highlight the severity of the problem or gap in early life outcomes in order to catalyse action.

Flexible funding arrangements

Adequate resources to support ECD activities are essential. While there is little available evidence on the nature of funding that works best—public versus private or a combination—consistent, streamlined and flexible funding arrangements are an important platform for community-based partnership development (SNAICC 2012a).

Financers of localised ECD action are essentially partners in a social change venture who need to bring the same friendly spirit of collaboration and view of desired outcomes as other stakeholders. As Kania and Kramer observe, 'Funders must be willing to let communities steer the work and have the patience to stay with the initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization' (2011:41). The flexibility of service development and delivery through CfC in its early incarnation has been described as a key benefit, enabling innovation and collaboration at the local level as well as contributing to local control in developing services relevant to local contexts (Flaxman et al. 2009). The longer continuity of funding also enabled greater attention being given to the hard-to-reach families (Silburn & Walker 2008).

Mobilising funding

Committed partners are needed to provide sustained funding for at least 3 years. This 'anchor funding' is to pay for necessary infrastructure and planning. Additional or alternative funding will almost certainly be needed to implement a community action plan that can bring about lasting change. Funds can be sourced from a range of stakeholders, including governments, participating families, local communities, philanthropy and service delivery organisations. However, the national evaluation of the Communities for Children (CfC) initiative (Flaxman et al. 2009) noted that there were few funding sources to augment public funding. Community governance structures therefore need to have staff members with the skills and creativity to secure grants and attract third party investment with government departments, community agencies, philanthropic trusts and business.

Regional Partnership Agreements, which are joint commitments negotiated between Indigenous communities and their representative organisation, local councils, state or territory governments and the Australian Government, are 'a good example of a place-based approach responsive to local needs' and potentially a practical mechanism for developing flexible funding arrangements responsive to locally identified priorities (ANAO 2012a:67). Initially developed in 2004 as part of the Indigenous Coordination Centres (ICC) model, there were 4 active Regional Partnership Agreements in 2007 and 5 in 2011 (ANAO 2012a). Under these arrangements, plans are negotiated locally and supported either through existing funds or new funds.



Community organisation and involvement

To effect community-wide change, local action on ECD requires a wide array of individuals, groups and organisations with common values and concerns to organise collectively. Establishing a lead convener and a governance group as well as consultation and continuous communication are key aspects of local organisation.

Establishing a governance group

Local initiatives are usually led by a steering or oversight committee made up of a core group of participants representing multiple agencies and/or community interests. These governance structures are responsible for governance, vision and strategy. In the UK, for example, all children's trusts appoint directors of children's services and establish boards representing multiple agencies. In Australia, CfC Committees are a representative group of community members, non-government service providers, experts in early childhood development, the business community and Commonwealth, state and local governments. The governance model for CfCs includes the Indigenous Early Childhood Development (IECD) Steering Committee, which manages the overall implementation and a local reference group for each CfC to represent the local community.

There is an increasing range of regional and local Indigenous-controlled structures that provide elements of governance. In far western New South Wales, the Murdi Paaki region has a multi-faceted system of Indigenous community governance, based on the principles of community participation, responsibility and accountability. It involves 16 community working parties, a Regional Assembly comprising the 16 chairs of the working parties and an independent chair, and the Murdi Paaki Regional Engagement Group that is the key regional governance structure providing strategic leadership. All parties work together to coordinate services and deliver initiatives in response to local need (see FAHCSIA 2012b).

Establishing a lead convener

A lead convener (or 'backbone' organisation) is needed to organise and 'propel' a community initiative and perform clearly defined roles and responsibilities (Kania & Kramer 2011). Although the essential functions remain the same, they can be accomplished through a variety of arrangements. Local conveners must have the trust and respect of the community, the authority to bring together different sectors and levels of government, and inspire them to stay engaged. Neutrality, credibility and existing infrastructure and capacity are important to ensure that the agenda moves objectively forward. Several sources have emphasised the need for dedicated capacity to support the local initiative in the form of core staff who can provide leadership, data, policy, administrative and communications support and facilitate the governance group or steering committee (Kania & Kramer 2011).

Hanleybrown et al. (2012) discuss the pros and cons of 6 types of 'backbones' including; funder based, new non-profit, existing non-profit, government, shared across multiple organisations and steering committee driven models. Many of these structural arrangements have been used in well-documented ECD initiatives, such as the use of Local Government in Scandinavia, use of existing non-profit in the CfC program in Australia and the new non-profit model used in the UK with the establishment of children's trusts.

Consultation and continuous communication

Although structural arrangements are important, the most powerful enabler of a local ECD initiative is authentic, deep relationships and trust among partners. Indeed, social cohesion has been shown to be nurturant for children and their families in a diversity of local contexts worldwide (Carter & Maluccio 2003; Sampson et al. 1999). However, building trust between local partners and a positive culture can be difficult. Several commentators have advised that co-ordinating disparate groups in a local initiative takes time and dedicated capacity. SNAICC (2012a) has suggested that establishing strong, trusting partnerships between Indigenous organisations, mainstream agencies and government requires attention to the time and processes required. The significant time that the process of relationship development takes was also highlighted in the national evaluation of CfC (Muir et al. 2009) and in the East Gippsland CfC local evaluation (Kilmany UnitingCare et al. 2008). Respectful partnerships are built from a stable base of support staff who possess cultural competence, listen to those with Indigenous knowledge and authority in the local community, and ensure that Indigenous voice remains strong.



Continuous communication is necessary to maintain engagement and capture feedback as the process evolves (Britto et al. 2013; Kagan & Britto 2005; Kania & Kramer 2011; SNAICC 2012a). Bi-directional, open communication needs to happen between all stakeholders, including community members, the backbone organisation, the governing group, community partners responsible for service delivery and funders. Keeping everyone informed through regular and consistent communication and common messaging is key. Having a clearly articulated framework for change and clear and defined indicators of progress helps to keep everyone on the same page and facilitate discussion of difficult issues.

Indigenous capacity for ECD

The engine of sustainable local action on Indigenous ECD is significant and meaningful local involvement in determining issues and solutions. Development organisations such as the Bernard van Leer Foundation, the Aga Khan Development Network (AKDN) and the US Agency for International Development (USAID) have similarly identified community empowerment and mobilization as key principles for effective community-based ECD programs. It is essential, therefore, to empower and build the capacity of Indigenous people, communities and organisations to effectively organise strategies, administer government funds and deliver services on behalf of children (Kagan & Britto 2005; Scougall 2008; SNAICC 2012a).

Past efforts to build communities supportive of Indigenous child development suggest capacity building should be focussed in the areas of leadership and governance capacity, Indigenous organisation capacity and Indigenous workforce capacity.

Building Indigenous leadership and governance capacity

There is a particular need to build leadership and governance capacity in communities where Indigenous children and family live. Lack of people with the skills and commitment to take active leadership of local initiatives can stall progress.

The National Indigenous Reform Agreement highlights the need to improve the level of governance and leadership within Indigenous communities and organisations (COAG 2008). Formal governance induction, capacity building and mentoring is needed to build good governance and provide a strong foundation for sustained good governance (Hunt & Smith 2006).

There are specific cultural aspects to effective leadership that are needed to gain community respect and support in an Indigenous context and it is most appropriate for Indigenous communities themselves to recognise, foster, promote and nurture this type of leadership (HRSCATSIA 2004).

Building Indigenous organisation capacity

Indigenous organisations need to be genuinely engaged as a partner in service delivery (SNAICC 2012a). However, Indigenous-focused services often have poorer infrastructure and resources, and fewer qualified staff, than larger and financially stronger mainstream organisations do. In respect of the CfC program, for example, there was even a problem in some areas where no local service providers had sufficient capacity to meet the requirements for the facilitating partner (lead convener) role (Muir et al. 2009).

Developing the capacity of Indigenous organisations, including up-skilling key personnel, is therefore crucial for local action on ECD in areas with a high Indigenous population (SNAICC 2012a). There is a role for larger agencies to mentor smaller non-government organisations (NGOs) in Indigenous communities with low organisational service capacity. This has been undertaken with success in some CfC and Child FIRST/Intensive Family Services service sites (SNAICC 2012b). However, both the National Indigenous Reform Agreement and the Australian National Audit Office call on government to develop a consistent, whole-of-government long-term strategy involving training and priority support to build capacity for Indigenous organisations (ANAO 2012b).



Building Indigenous workforce capacity

Service engagement among Indigenous people and families is fostered when organisations employ staff with local community connections, including Indigenous staff. Currently, demand for qualified Indigenous workers is not being met, particularly in rural and remote areas. Although specific strategies are already in place, innovative solutions and more intensive effort is needed to attract, retain and train Indigenous staff including flexible work arrangements, career start programs for Indigenous students in remote areas and vocational education and training (VET) and higher education courses that offer special learning environments for Indigenous students. Delivery should take place in close proximity to the Indigenous community, ideally by an Indigenous person within a flexible approach to meet local needs.

Strategic action framework

Informed change is about developing a community action plan from a consciousness of community needs and the social conditions of the target community as well as consensus about outcome targets and how they are to be achieved on the ground. Theory of Change (Vogel 2012) and newer tools such as the Results-Based Accountability™ (RBA) framework (Friedman 2005) can assist in defining and achieving social change objectives.

Identifying community problems or needs

An information framework is the basis for clear articulation of challenges and underlying causes and options for solutions. This often takes the form of a 'community asset map' and/or a 'community needs assessment'. This process collates and synthesizes disparate information on the ECD needs of the local community.

In the North Frankston CfC site (Victoria), a suite of data collected by agencies such as the ABS, the Victorian Department of Education and Early Childhood Development (DEECD) and the Royal Children's Hospital Melbourne were used to provide a community 'baseline' and to track progress against state benchmarks over a 3-year funding cycle (Wilks & Wise 2009).

Local knowledge and consultation with community stakeholders such as practitioners, community leaders and clients is an essential adjunct to statistical information, as data collections are often aggregated to a level that masks differential need within a local area. The infrequency of collections or long intervals between collections may also mean that statistical data do not reflect the contemporary state of a local community, especially in areas of high in- and out-migration such as growth corridors.

Developing a local early childhood development agenda

Once the challenges are defined and clear, achievable goals for change established, ECD interventions and activities that will produce the desired results can be identified. Local strategies can include a mix of intervention approaches including both universal approaches and targeted programs and strategies that address the needs of families, children and young people experiencing complex issues. The evidence base in regard to effective intervention needs to be taken into account, as does the resources available and the skills, knowledge and resources that need to be developed.

Experience suggests that it is often best to start with small and achievable objectives, so establishing clear boundaries or the focus of the issue is important. Building on existing systems and well-accepted and successful programs is a strategic use of existing infrastructure and can significantly increase the chances that programs will be sustained. Although new programs may be indicated, they should not be implemented unless there is good evidence to suggest they can be adapted in the local context (Robinson et al. 2011).



Assessing progress and continuous learning

Statistical data is important for tracking progress against community-wide goals, learning what is working or not working and refreshing the ECD agenda. Transparency of data through public reporting of outcomes is important, as is community understanding and support of the progress being made and where further effort is required.

Clearly articulated objectives of the local ECD initiative will provide clarity on what to measure in order to evaluate the impact. Indicators should be clear and concise and sensitive enough to track progress over time. Appropriate outcome indicators might include children's progress against learning and developmental benchmarks and improvements in parenting scores on tailored instruments.

In a collaborative context, Kania and Kramer (2011) emphasise the importance of shared measurement systems; that is, collecting data and measuring results consistently across all community partners to ensure efforts remain aligned and participants hold each other accountable. The process of shared measurement has considerable challenges, and may require web-based tools to collect, analyse and report on performance and minimise the time and resource burden on community partners.

It is unmistakable that local programs and services will need significant and ongoing assistance with data capture and reporting. The backbone organisation has a particular role here in providing the necessary guidance and technical support. A good example is the Australian Nurse-Family Partnership Program Support Service (ANFPP), which is funded to deliver training to primary health care organisations in data collection, analysis of data and production of quarterly fidelity reports as well as assistance with establishing the infrastructure required to monitor the program as required by the funder.

Some commentators suggest independence from funders in devising progress indicators and managing data systems to avoid being encumbered by authoritarian performance management practices. For example, in the CfC East Gippsland program, stringent reporting requirements put in place by the funding body in relation to strategy outcomes, activity milestones and financial accountability, led to a deterioration in relationships between the facilitating partner and some community partners as the facilitating partner had to assume the role of monitor and auditor (Kilmany UnitingCare et al. 2008).

What approaches could be tried?

As previously discussed, there is no blueprint for a localised approach to ECD. Services may be targeted to specific characteristics of children or families (for example, low birth-weight babies or low-income families), may occur only in some communities and locales and not others, or may be more comprehensively provided. The challenge for each community is to determine its own priorities, how they can be met and where impact can be multiplied through structured collaboration. Three broad strategies that tackle local determinants of ECD and address inequalities in early life outcomes are: (i) increasing engagement and effectiveness of mainstream health and early learning programs, (ii) improving parent education and family support and (iii) addressing service fragmentation and gaps.

Increasing the engagement and effectiveness of mainstream health, early learning and childcare programs

Participation in high-quality mainstream or 'universal' primary health, early learning and childcare programs is related to positive outcomes for children generally (Bowes & Grace forthcoming; Harrison et al. 2012). These services also act as 'hooks' drawing families into the service system and 'laddering' them to additional supports when problems have been identified. These services are particularly relevant to the 75% of Indigenous people who do not live in remote areas more typically served by Indigenous-specific organisations (ANAO 2012a).



Concerns have been expressed about the quality of mainstream services delivered to Indigenous Australians and barriers to access that result in Indigenous people not utilising services relative to their needs or deriving the same benefit from services as non-Indigenous people. Enhancing the cultural relevance of services and providing outreach are key ECD actions that can improve participation in mainstream services. Integrating delivery of services, which is discussed under 'addressing service fragmentation and gaps' below, is another strategy to help ensure Indigenous children and families receive the services and support they need.

Enhancing cultural relevance

Knowledge is improving on the size of underserved populations and the barriers to participation. In an Indigenous context, the cultural specificity and competence of services is a key issue. While cultural and linguistic relevance has particular importance for all programs, this does not necessarily mean that services have to be Indigenous specific. Recognising when Indigenous delivery is important to uptake and outcomes, and offering this choice, is the key.

Appropriate professional development including cultural competency/awareness training and ensuring program content is embedded with Indigenous cultural and historical material, including materials in the first language of local people and tailored to local cultures and knowledge, is necessary for the effective delivery of mainstream ECD services working with Indigenous children and families (Flaxman et al. 2009).

As recognised in the National Quality Standard for early childhood education and care services, culturally competent practice is an important dimension of childcare 'quality' (ACECQA 2013). Childcare programs that are solidly grounded in culture and language help to build Indigenous children's identity and knowing who they are as part of the collective, which, in turn, leads to a range of positive outcomes for the child as well as the broader community. Yet, culture and language are, for the most part, not included in training for teachers wishing to work with Indigenous children. Further, early childhood training is often derived from non-Indigenous systems of knowledge, which also often differs from the children's realities. Parental participation, local management of services, use of local language and Aboriginal English, and integration of traditional carers are examples of culturally competent practices and strategies that can be usefully applied by mainstream childcare services to strengthen access among Indigenous children and families (Fasoli et al. 2004; Sims et al. 2012).

Providing outreach

The need to provide tailored outreach to facilitate better engagement and address feelings of mistrust among the most excluded and marginalized Indigenous children and families is also indicated (SNAICC 2012a). Outreach approaches may also be necessary where physical access is a problem, such as in remote areas. In some remote areas where services are some distance away and there is no robust transport infrastructure mobile and transport services are likely to be necessary (SNAICC 2012a). Service enrolment data that can be disaggregated into specific target groups is essential to monitor changes in engagement.

Increasing parent education and family support

Fostering family environments that are stimulating, supportive and nurturing will benefit all children regardless of geography, ethnicity, language or societal circumstances (Pelto et al. 1999). Parent education also has the potential to meet national ECD goals, such as reducing child mortality and morbidity rates, and improving child development. Parent education programs are primarily addressed at improving knowledge and changing the behaviour of parents towards more responsive and sensitive caring practices, especially during the first years of life.



Adding parent education and family support to existing services

Although some stand-alone group parenting programs and traditional family support casework can improve parenting outcomes (Turner et al. 2007), embedding parent education and family support within established health care services is a highly effective way of promoting ECD. As Irwin and colleagues note, 'The health care system is in a unique position to contribute to ECD, since health care systems provide facilities and services that are more widely accessible in many societies than any other form of human service, are already concerned with the health of individuals and communities, employ trained professionals and are a primary point of contact for childbearing mothers' (Irwin et al. 2007:11). Primary health services can be a platform for information and support to parents around ECD, link children and families to existing community-based ECD and family support services, and generally extend ECD programming to children and families who would otherwise have no access, and can often do so for relatively small marginal costs.

Studies in developing countries show that programs that combine access to quality health care (especially during pregnancy and in the first few years of life) with parent training, can enhance early parenting practices and parents' contribution to early learning. The Care for Child Development intervention developed by the World Health Organization (WHO) and the United Nations' Children Fund (UNICEF) is one such example. It includes evidence-based materials to guide health workers and other counsellors as they help families build stronger relationships with their children and solve problems in caring for their children at home. The program is integrated with routine health services and includes information for parents on feeding practices, how to respond effectively to child illness, and encourages stimulation for growth and development through play and communication activities for families to stimulate the learning of their children (Maggi et al. 2005).

Engagement in universal health care and parent education programs depends on parental circumstances and motivation (Muir et al. 2009). Services that focus on primary carers who can't put ECD messages into practice because of complex issues such as mental and physical ill health, stress and depression, unemployment, limited or no income and poor housing and neighbourhood living conditions, is therefore a critical ECD strategy.

Mainstreaming parenting and family case work into frontline health worker's home visiting programs has become a popular strategy for improving the life chances of disadvantaged mothers and their children and has proven effective in the prevention of child abuse and neglect (Olds et al. 1986; Olds & Kitzman 1993). Intensive home visiting can also be carried out as stand-alone programs, co-ordinated by government departments, local government or community service organizations. The ANFPP has been set up by primary health care organisations at three sites: Cairns, Alice Springs and Wellington (central New South Wales). It is based on the Nurse-Family Partnership model developed by Professor Olds in the United States more than 30 years ago. The ANFPP primarily supports vulnerable first-time pregnant women with an Aboriginal and/or Torres Strait Islander child to make a successful transition to parenting, improve their own health and the health of their baby, and assists mothers and fathers to become knowledgeable and responsive parents. Trained child and family health nurses visit families on a frequent basis in their own homes until the child is 2 years old (see ANFPP 2013).

Addressing service fragmentation and gaps

Aligning the effort of multiple community partners towards a common agenda and goal lies at the core of localised ECD. Evidence from Australia and other countries point to a range of benefits of service integration, including more comprehensive and cohesive services and better outcomes for families and children (see Table 2) (Bruder et al. 2005; Corter et al. 2012; Fine 1997; Harbin & West 1998; Horwarth & Morrison 2007; Moore & Skinner 2010; SNAICC 2012a; Valentine et al. 2007). COAG's National Indigenous Reform Agreement (COAG 2008) includes integration as 1 of 6 principles that underpins the approach to service delivery for Aboriginal and Torres Strait Islander peoples. Further, the British Columbia First Nations Early Childhood Development Council suggests 'A strategically coordinated and integrated ECD system would increase the quality, efficiency and effectiveness of programs and service offerings' (BC FNECDC 2009:4).



Reconfiguring existing services to promote better co-ordination needs to be undertaken according to initial service capacity. For example, increasing opportunities at a local level for various service providers to learn about each others' ECD activities and service referral models are important in communities with very few services (Muir et al. 2009). More advanced and formalized forms of service integration can be effective in communities where services already share common bonds and working relationships.

Table 2: Benefits of service co-ordination and integration

Comprehensiveness	Timeliness	Effectiveness	Efficiency
<ul style="list-style-type: none"> • Better access to a full range of services • Continuity of service • Easy to navigate • Multiple entry points prevent families 'falling through cracks' 	<ul style="list-style-type: none"> • More direct and immediate access to services for families and children 	<ul style="list-style-type: none"> • Information, trust and skills sharing enhances potential for innovation • Better fit between consumer needs and service offerings 	<ul style="list-style-type: none"> • Reduce duplication and overlap • Better planning and more efficient use of resources • Shared overheads • Can shift implementation systems and practice (e.g., toward tiered or public health model)

Promoting strong connections between Indigenous-specific and mainstream organisations

Systemic connection between Indigenous-specific and mainstream organisations can increase service accessibility for Indigenous children and families and increase legitimacy for mainstream service providers in Indigenous communities (Moore & Skinner 2010). However, respectful partnerships between Indigenous-specific organisations and mainstream agencies and government is an area that requires significant attention.

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) specifies 8 principles that underpin respectful partnerships between Indigenous-specific organisations, mainstream service providers and government (SNAICC 2012a). These principles, which include 'respect for Aboriginal and Torres Strait Islander cultural knowledge, history, lived experience and connection to community and country', 'commitment to self-determination for Aboriginal and Torres Strait Islander peoples' and 'openness to working differently with Aboriginal and Torres Strait Islander peoples', could be embraced in a local ECD collaborative to build a positive culture and goodwill among partners.

The cultural competence of people and agencies is also crucial in a service co-ordination context (SNAICC 2012a). The ChildFIRST Alliances in Victoria, for example, enabled integration between Indigenous-specific and mainstream services by engaging Indigenous-specific organisations to work for the governing structure in consultation/advice roles (SNAICC 2012a). Resourcing cultural facilitators on a wider scale could be a productive way to support cultural competence in mainstream organisations and enhance co-operative working including appropriate referral.

Integrated services

Higher level service co-ordination and integration, such as collaboration 'no wrong door' approaches (for example, co-operative activities, co-ordinated referral systems and integrated networks) and integrated 'one-stop-shop' approaches (for example, integrated work through well-defined hubs) and hybrid models, have also been declared a key strategy for building local communities. Early childhood experts advocate integrated delivery of services, including antenatal services, child and maternal health services, parenting and family support services and early learning and childcare as the best delivery platform to ensure families actually receive the support they need (COAG 2009a).



Mainstream early childhood services in Canada developed early childhood and parenting centres offering childcare and a range of other services relevant to family needs, aimed at a holistic approach in working with local children and families. Alongside these developments in mainstream early childhood services were parallel developments in early childhood Indigenous services. First offered on reserves and later expanded to urban areas, these services offer parent education and support as well as early childhood education and training (Sims et al. 2012). Toronto First Duty (TFD) is another beacon project from Canada. It began in 2001 to provide a seamless blend of integrated kindergarten, childcare and family supports within a school environment for all young children and their families in defined communities beginning with pre- and postnatal care, right through to primary school. The TFD research shows how an existing fragmented system can be integrated to improve program quality, equitable access to all families and enhanced early life outcomes (Corter et al. 2012).

Through the National Partnership Agreement for Indigenous Early Childhood Development (COAG 2009b), the Australian Government has provided funding for the establishment of a minimum of 35 Children and Family Centres in urban, rural and remote areas with high Indigenous populations and disadvantage, by June 2014. The Children and Family Centres will deliver integrated services, including early learning, childcare and family support programs. The operation of the Children and Family Centres will be underpinned by integration in their management, governance and service systems. Community engagement will be integral to their implementation.

Conclusion

ECD is a sweeping agenda that aims to enhance human potential and the wellbeing of nations by providing a foundation of good developmental outcomes in the early years. Research has repeatedly proven that investing in ECD develops human capital, catalyses economic growth and encourages greater social equity.

Localised ECD is a promising framework for service delivery aimed at increasing the availability of comprehensive ECD across Australia's culturally and linguistically diverse and geographically dispersed Indigenous populations. Implementing ECD at the local level assures programs and strategies fit with local needs and expectations, and that they build on existing systems, local community strengths and capabilities, and well-accepted and successful programs. If appropriately enabled, localised ECD can facilitate Indigenous empowerment, revitalise communities and ensure continuity of culture and capacity for self-determination.

Past efforts have provided information in order to construct an 'implementation framework' comprising the preconditions and processes necessary to make localised ECD succeed. However, it is an evolving practice and there is still much to learn about how to accomplish it on the ground. There also remain some gaps in knowledge that affect strategic and programmatic decision-making. These relate to the design, implementation and benefits of early learning programs for Indigenous children, how to best transfer and adapt 'proven' programs across diverse geography and populations (Harrison et al. 2012), how to address the challenge of low use of early learning programs by Indigenous and disadvantaged families as well as the effectiveness elements and overall benefits of parent education and home-visiting programs for Indigenous Australian families (Mildon & Polimeni 2012).

As the number of localised ECD initiatives grow, so too will knowledge on the most effective approach for different populations and settings, the time and budget necessary to make it succeed and how to overcome some of the main challenges.

The cultural change required is considerable. However, it has been proven that these investments have the capacity to be repaid through efficiency gains in local ECD systems and enhanced development and wellbeing that should eventually translate into a healthier, more productive, better functioning and more equal society.



Appendix A

The Closing the Gap Clearinghouse Assessed collection includes summaries of research and evaluations that provide information on what works to overcome Indigenous disadvantage across the 7 Council of Australian Governments building block topics.

Table A1 contains a list of selected research and evaluations that were the key pieces of evidence used in this issues paper. The major components are summarised in the Assessed collection.

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

Table A1: Assessed collection items for *Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level*

Title	Year	Author(s)
Promoting equity and dignity for Aboriginal children in Canada. Montreal: Institute for Research on Public Policy	2008	Ball J
Toronto First Duty Phase 3 report	2012	Corter C, Janmohamed Z & Pelletier J (eds)
Indigenous families and children: coordination and provision of services. Stronger Families and Communities Strategy 2004–2009	2009	Flaxman S, Muir K & Oprea I
Channeling change: making collective impact work	2012	Hanleybrown F, Kania J & Kramer M
Early childhood development: a powerful equalizer. Final report for the World Health Organization’s Commission on the Social Determinants of Health	2007	Irwin LG, Siddiqi A & Hertzman C
Collective impact	2011	Kania J & Kramer M
Embracing emergence: how collective impact addresses complexity	2013	Kania J & Kramer M
Communities for Children East Gippsland – Victoria: local evaluation final report	2008	Kilmany UnitingCare, Centre for Community Child Health & East Gippsland Communities for Children Community Partners
Knowledge network for early child development. Analytic and strategic review paper: International perspectives on early childhood development	2005	Maggi S, Irwin LG, Siddiqi A, Poureslami I, Hertzman E & Hertzman C
The health of the adult begins in the womb	2008	PMSEIC
Context, diversity and engagement: early intervention with Australian Aboriginal families in urban and remote contexts	2011	Robinson G, Tyler W, Jones Y, Silburn S & Zubrick S
The Western Australian Aboriginal Child Health Survey: strengthening the capacity of Aboriginal children, families and communities	2006	Silburn SR, Zubrick SR, De Maio JA, Shepherd C, Griffin JA, Mitrou FG et al.
Integrated service delivery for Aboriginal and Torres Strait Islander children and families	2012	SNAICC
The Western Australian Aboriginal Child Health Survey: the social and emotional wellbeing of Aboriginal children and young people	2005	Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM et al.



Table A2 contains a list of Closing the Gap Clearinghouse issues papers and resource sheets related to this issues paper.

To view the publications, visit <<http://www.aihw.gov.au/closingthegap/publications>>.

Table A2: Related Clearinghouse resource sheets and issues papers

Title	Year	Author
Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia	Forthcoming	Bowes J & Grace R
Improving access to urban and regional early childhood services	2012	Ware V-A
Parenting in the early years: effectiveness of parenting support programs for Indigenous families	2012	Mildon R & Polimeni M
Early learning programs that promote children's developmental and educational outcomes	2012	Harrison LJ, Goldfeld S, Metcalfe E & Moore T
Early childhood and education services for Indigenous children prior to starting school	2011	Sims M
School readiness: what does it mean for Indigenous children, families, schools and communities?	2010	Dockett S, Perry B & Kearney E
School attendance and retention of Indigenous Australian students	2010	Purdie N & Buckley S
Community development approaches to safety and wellbeing of Indigenous children	2010	Higgins DJ

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Acknowledgments

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Abbreviations

AEDI	Australian Early Development Index
AKDN	Aga Khan Development Network
ANFPP	Australian Nurse-Family Partnership Program
CfC	Communities for Children
COAG	Council of Australian Governments
DEECD	Department of Education and Early Childhood Development (Victoria)
ECD	Early childhood development
ECE	Early childhood education
FARE	Foundation for Alcohol Research and Education
FASD	Fetal Alcohol Spectrum Disorders
ICC	Indigenous Coordination Centres
IECD	Indigenous Early Childhood Development
LORI	Level of relative isolation
NAPLAN	National Assessment Program – Literacy and Numeracy



NIRA	National Indigenous Reform Agreement
SDQ	Strengths and Difficulties Questionnaire
SNAICC	The Secretariat of National Aboriginal and Islander Child Care
TFD	Toronto First Duty
UNICEF	United Nations' Children Fund
USAID	United States Agency for International Development
VET	Vocational education and training
WAACHS	Western Australian Aboriginal Child Health Survey
WHO	World Health Organization

Terminology

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

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