Reflections on holistic services in the early years:
thinking child, thinking family, thinking community

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12 December 2008
The Social Inclusion and the Early Years Workshop was held on the 12th of December 2008 at the Metropole Conference Centre in Fitzroy, Victoria. It was facilitated by Zoe Morrison and coordinated by Kristine Philipp. The workshops proceedings are aimed at fostering, informing and stimulating public reflection, discussion, debate, research, and policy initiatives to address one of the central challenges facing contemporary Australian governments, industries and communities. They are published (as part of a series of social inclusion events held in 2008) on the Brotherhood of St Laurence’s website at: http://www.bsl.org.au/main.asp?PageId=6175

These proceedings were edited by Zoe Morrison with assistance from Arnaud Gallois. Assistance with online publication by Kristine Philipp.

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Acknowledgements:

Published by
Research & Policy Centre
Brotherhood of St Laurence
67 Brunswick Street
Fitzroy VIC 3065
ABN 24 603 467 024
Phone: (03) 9483 1364
www.bsl.org.au/

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Background Notes for Presentation by Dorothy Scott at the Social Inclusion and Early Years Workshop, 12 December 2008

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Introduction
Universal children’s services are seen as unstigmatised platforms from which to reach vulnerable families in holistic ways and reduce risk factors such as poor parent-child attachment and social isolation. ‘Joining up’ such services so that they provide a more integrated response to families with multiple and complex needs is receiving greater emphasis.

A leading example of this policy direction is the UK initiative Sure Start, which began in 1999, and which brings together early childhood education and care, health and family support services with a focus on outreach and community development. It is offered to families with children under four years of age living in areas of social disadvantage. There is great diversity in Sure Start Local Programmes but the following principles are common:

- Involving parents as well as children
- Non-stigmatising approaches
- Multi-faceted interventions transcending ‘education’, ‘health’ or ‘parenting’
- Locally driven and based on consultation with parents and communities
- Culturally appropriate and sensitive to the needs of children and parents

Recent evaluations of Sure Start have raised concerns that the most disadvantaged families are not accessing these services. A variation between the outcomes for different services was also found and the possible reasons for this explored (Anning et al. 2007).

Ways of Thinking about Service Provider Roles
It can be hypothesized that the factors facilitating or inhibiting holistic practice exist at several interrelated levels: the individual practitioner; the organisational setting; and the wider policy context. Individual service providers within a particular occupational group or a service sector can probably be placed along a spectrum of role performance from narrow to broad, similar to that suggested by McCaughey et al. (1977):

1. narrow - core role only (‘it’s not my concern’)
2. somewhat narrow - core role and assessment of ‘other needs’, leading to referral for the latter (‘it’s a concern but someone else’s job – refer on’)
3. somewhat broad - clients’ ‘other needs’ are incidental but unavoidable (‘not my core role but I have to do it’)
4. **broad** - ‘other needs’ are an intrinsic part of core role (‘it’s part and parcel of my job’)

![Figure 1 - Levels of analysis for service provider role enhancement](image)

**Organisational Setting**
In addition to individual practitioner factors affecting role performance, there are likely to be strong situational factors operating within the organisational context. These may not be uniform across an organisation as there may be sub-cultures within a team or program which influence whether broader roles are performed. Situational factors such as pressure of work may fluctuate and so the breadth of role enactment may also vary markedly in the same setting.

It can be hypothesised that the following organisational factors shape the degree to which the service delivered is more broadly ‘family-centred’:

- Size of caseload – higher pressure for ‘throughput’ will reduce capacity for broader roles
- Holistic agency norms and philosophy will support broader roles
- Proceduralisation of service delivery will inhibit individually tailored services
- Narrow performance indicators will limit broadened roles
- Risk-averse agency cultures will lead to ‘risk shifting’ and avoidance of complex cases
• Higher levels of professional autonomy and discretion can support broader roles
• Positive organisational culture and climate will enhance organisational change and facilitate broader role performance

Policy Context
The policy context and the wider socio-political milieu in which an organisation exists can powerfully shape the degree to which a service is ‘child and family sensitive’. If a ‘whole of government’ ethos is strong in a particular political and public sector environment, then it will be easier to promote more ‘joined up’ service delivery.

Two Exemplars of Thinking Child, Thinking Family and Thinking Community

1. First Time Parent Groups, Victorian Maternal and Child Health Service
Maternal and child health services in Victoria are a very well-respected universal service with approximately 98% of all families with an infant using the service in the first year. In the past few decades the service has evolved from one that was almost exclusively focused on infant health and development to one that is also focused on family emotional and social well-being and strengthening social support.

The capacity of maternal and child health services to strengthen social networks at the neighbourhood level is now recognized, and all first time parents in the State are offered the opportunity to join a series of approximately eight group sessions facilitated by their nurse at their local maternal and child health centre. Group sessions cover a broad and flexible range of topics such as: adjustment to first time parenthood, women’s health post-birth, child safety in the home, infant ‘settling’ techniques, baby massage and nutrition. Two thirds of first time mothers join such groups (Scott et al. 2001).

Victorian maternal and child health nurses have been trained to facilitate groups in non-didactic ways to maximize group interaction and cohesion so that they are likely to continue of their own accord. A follow-up study in two outer urban local government areas of Melbourne found that over 80% of the groups were still regularly meeting on their own, mostly in group members’ homes, 18 months to two years after the nurse-facilitated groups had ended. Where groups ended due to women returning to paid employment, significant one-to-one friendships continued in most cases (Scott et al. 2001).

In-depth interviews with the maternal and child health nurses in two outer suburban government areas identified how nurses actively encouraged mothers to participate in the groups through the one-to-one relationship they had established with them in routine visits. Some nurses saw the purpose of the group as being primarily community building, with social contact and peer support being more important than information provision. This was how some mothers saw it as well. The nurses
therefore facilitated the group in an informal and unstructured ways to help the group ‘gel’.

Some maternal and child health nurses in this study were highly successful in engaging harder to reach groups such as fathers, young mothers and immigrant families. For example, one nurse in a low income urban-rural fringe community wrote to all the fathers of new babies and invited them, along with their partners and babies, to come to an evening session on ‘how to save your baby’s life’. Offering practical skills in infant resuscitation was what got the men through the door but once there, the nurse used her warmth, humour and down to earth manner to engage them in more sensitive issues such as the impact of a new baby on couple relationships, and the serious risks associated with shaking babies. For many of the families such evenings nurtured new friendships and so strengthened neighbourhood social support.

One nurse had been able to engage young mothers in a group by not trying to mix them in with other women but offering a group especially oriented to their needs.

These groups were described as being very different from other groups (‘I serve coke instead of tea!’) and less reflective and more action oriented (‘we just sat on the floor and made toys and they loved it’). One nurse said she avoided using videos (DVDs) as the adolescent mothers just ‘switched off as if they were back in the classroom’ (Scott et al. 2001 p.27)

A DVD documentary recently produced by the Rural Health Foundation (www.rhf.com.au) captures how a maternal and child health nurse and a youth worker in Mildura, in rural Victoria, have worked together to set up and facilitate an ongoing group for young mothers. These young women often struggle to nurture their baby in a context of low income, relationship breakdown, poor transport, housing difficulties and social isolation. The two practitioners take it in turns to facilitate alternate sessions/weeks of the group, with the youth worker dealing with issues such as sexuality and substance misuse, and the nurse doing the more child-focused sessions. In the documentary both practitioners talk about how they respond to crises in the young women’s life and through the trusting and non-judgmental relationships they have established with them; how they can help reduce the situational stressors in the lives of these young women which could impair the way they care for their babies.

Some nurses described working effectively with immigrant mothers, either linking them into ethnic-specific women’s groups which were mostly conducted in their own language, or having English-speaking groups for women from a range of different countries. One nurse was excited about one of her groups in which ethnic diversity was actually what gave the group its cohesion. ‘There are virtually no Anglo-Australians and it’s a real multicultural group and they’re mixing really well together’ she said, adding that the husbands had also joined in regular social occasions which the group had organized. Another nurse described how ‘in one group there was only one “Anglo” and they were a very diverse group… the most popular session she had
run for that group was on the theme of ‘parenting in a new land’ in which the members had shared similar experiences (Scott et al 2001, p. 27).

2. SDN Children’s Services’ Parent Resource Program

SDN Children’s Services, which originated as one of the subsidized day nursery associations a century ago, has created a family support program within a mainstream early childhood service. It provides good nutrition and a high quality early childhood program for very vulnerable children who do not usually use any form of child care, and reaches out to parents struggling with problems such as poverty, social isolation, drug and alcohol abuse, mental health problems and domestic violence. The program has four key elements:

- Scholarships which enable children to have 3 six hour days per week at a Child and Family Learning Centre;
- Additional on-the-job training, coaching and professional supervision for early childhood education and care staff in how to work with ‘hard to engage’ parents who often present as ‘demanding’ and ‘difficult’;
- A warm and welcoming climate to encourage these parents to participate in information sessions where there are opportunities to make friends with other parents; and
- Inter-agency networking and referrals to link families with the range of services they need, and help to co-ordinate an integrated response to the family’s needs.

A range of positive outcomes for the children, families, staff and the community have been identified in an evaluation of the program which has captured rich qualitative data on the perceptions of different stakeholders (Goodfellow et al. 2004).

Some of the quotes from parents include the following:

‘They seem to let you into their lives – the personal things. I think that it’s really nice that they’re open with parents. I like it. I think this is important because we’re prepared to do it ourselves so it’s nice to get it in return. I think that it’s important that they can be honest.’

‘The staff tend to be interested in talking to you not only about the child but even in you personally. Sometimes they ask ‘How are you going?’ and say ‘This was a wonderful thing that happened today.’ I notice that they take enough interest to remember things. And that’s quite important. People sometimes treat things as a job and have their cut-off points whereas I don’t find that here … I like the stability of the staff as well.’

‘The staff always tell me things and that makes me comfortable. They always tell me what Alan has done in the day and they get his book out and show me the photos of what he has been doing. And his teacher will say “he has done this today”.’

Udy (2005) argues that for such a program to become successfully integrated in mainstream early childhood services the following elements are necessary:

- consistent, committed staff
- support and mentoring for staff
- a mix of professional disciplines
- interagency engagement and involvement
- time to release staff to attend meetings, receive training, reflect on their practice and spend time with families
- management expertise as performance expectations are raised.

**Conclusion**

There appear to be some common characteristics in these two exemplars:

- Positive partnerships between service providers and families
- Building on families’ strengths and aspirations
- Responding holistically to the needs of children and families
- Strengthening links between families to create social support
- Collaborating across professions and services to provide a comprehensive response
- Embodying and expressing an ethos of hope and optimism

All of these are important, but perhaps the most critical element is the quality of the relationships between service providers and parents (Scott et al, 2007). The key question for us to consider is ‘What are the strategies for embedding such elements in all early years services, but especially in socially disadvantaged communities?’

**References**


