KidsMatter Early Childhood
Evaluation in Services with High Proportions of Aboriginal and Torres Strait Islander Children

Full Report

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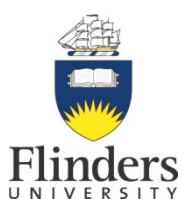
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KidsMatter
Australian Early Childhood
Mental Health Initiative

Acknowledgements

This report by the Flinders University KidsMatter Early Childhood evaluation team was conducted in response to an enquiry by *beyondblue*. The team wishes to thank *beyondblue* for their ongoing support. The Flinders team wishes to acknowledge the considerable cooperation and support from personnel and families in the services involved in this report.

The Flinders evaluation team would like to acknowledge the significant contribution from Kim O'Donnell in developing this evaluation. Kim is a Research Officer in Health Care Management with a teaching background in urban and remote settings. She is an Aboriginal woman and a PhD student at Flinders University. Kim has extensive understanding and experience working with Aboriginal people in health, education and governance. She coordinated the Overburden project (2009) that investigated government contracting for Indigenous Health Services nationally. She is also the Flinders University Link Person between Flinders University (Poche Centre for Indigenous Health), and The Lowitja Institute, a not-for-profit company formed to build a national strategic research agenda to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander peoples: Aboriginal and Torres Strait Islander people should be aware that this document may contain images of people who have since passed away.

Indigenous: We acknowledge the objections of some Aboriginal and Torres Strait Islander people and organisations to this term. It is used sparingly in this report where appropriate, for example, non-Indigenous people. It is also used where repetition of Aboriginal and Torres Strait Islander would make the text harder to read. This has enabled us to avoid the abbreviation ATSI to apply to people (we do use it to apply to organisations, such as OATSIH). The word Indigenous is capitalised in keeping with current practice, to indicate its specific use to apply to Australian Aboriginal and Torres Strait Islander peoples. It is not capitalised when used generically.

Mainstream: This is a term used to refer to non-Indigenous systems, institutions and practices.

Cover: "Two Ways Learning" painted by Cheryl.

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Executive Summary

*KidsMatter **has given me a professional edge and understanding of children** in childcare that I was not getting from my studies. It is not only beneficial in tackling the stigma and difficulties of mental illness but provides a great platform to help give great, high quality care to all children. It has inspired me in many areas, and to me KidsMatter means ensuring kids are cared for and understood as thoroughly as possible. (Educator, ST3C1R4)[1]*

What is contained in this report?

This is the report of an evaluation of the implementation of KidsMatter Early Childhood (KMEC) in early child care services with relatively higher proportions of Aboriginal or Torres Strait Islander children situated within the initial larger sample of 111 long day care services and preschools involved in the KMEC pilot phase during 2010 and 2011.

The changing nature of Early Childhood Education in Australia

At the outset of this evaluation report, it is important to acknowledge that KMEC has been implemented at a time when Australian early childhood education and care is experiencing significant and unprecedented change. This change is related to the Australian Labor Government's reform agenda, instigated at their election in 2007. The reforms focus on providing Australian families with high-quality, accessible and affordable integrated early childhood education and child care. The agenda is complex and demanding for it mandates change at the national, state, and local levels of provision and practice. The main features of the change include a Partnership Agreement between the Federal and State Governments that has been crucial in instigating a jointly governed uniform national quality system (National Quality Framework, NQF) that applies to all out of school hours care, long day care, family day care and preschools. The NQF includes a single National Quality Standard (NQS) which provides expectations at a national level across seven quality areas including the implementation of the Early Years Learning Framework. All services[2] will be rated according to the seven NQS areas and a new single national regulatory system has been introduced to regulate and enforce the NQS. Alongside the Early Years Learning Framework, educators working with children aged five who are enrolled in full-time school will be using the newly developed Australian Curriculum from the 'Foundation' year onwards as each phase is developed.

This evaluation report thus takes its place in a field that is changing at an unprecedented pace and the Flinders team suggests that when the implementation is seen in this context, the commitment and professionalism of the Facilitators and educators takes on an added dimension.

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[1] This code de-identifies the participant and details are provided in the *KMEC Technical Report.*
[2] Throughout this report, the terms 'services' and 'centres' refers to early childhood education and care (ECEC) services.

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KidsMatter Early Childhood

As noted on the KidsMatter website (www.kidsmatter.edu.au),

The KidsMatter Early Childhood initiative provides a continuous improvement framework to enable preschool and long day care services to plan and implement evidence-based mental health promotion, prevention and early intervention strategies that aim to:

- *improve the mental health and wellbeing of children from birth to school age*

- *reduce mental health difficulties among children*

- *achieve greater support for children experiencing mental health difficulties and their families.*

KMEC eschews the traditional deficit model of mental health, adopting instead a framework that emphasises strengths and prevention of problems.

The risk and protective factors associated with the four components noted below make up the core content of KMEC and are consistent with the KidsMatter Primary Schools initiative:

1. Creating a sense of community
2. Developing children's social and emotional skills
3. Working with parents and carers
4. Helping children who are experiencing mental health difficulties

Mental health and young people

Addressing young people's mental health is critical given the major impact these problems have on an individual's ability to function in society. It has been established in Australia and overseas that there are significant educational, personal, social, occupational and economic costs, to both individuals and the community, associated with mental health problems. Mental health disorders are the leading contributor to the total burden of disease among young Australians, with depression, anxiety, and substance use disorders being most common (Sawyer et al., 2007). Major reports have also highlighted the significant issue of mental health amongst Aboriginal and Torres Strait Islander young people (e.g., Purdie et al., 2010).

Aboriginal and Torres Strait Islanders people's conceptualisation of mental health

The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2004-2009 draws an important distinction between the concepts of 'social and emotional wellbeing' used in Aboriginal or Torres Strait Islander settings and the term 'mental health' used in non-Indigenous settings. (Zubrick et al., 2010, p.75)

As noted in Purdie et al. (2010, p.xxvii),

'The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional well-being 2004-2009', contains nine guiding principles that emphasise the holistic and whole-of-life view held by Aboriginal and Torres Strait Islander peoples.

Indigenous Australian views highlight that health and mental health are not separate, but rather, are intimately connected through mind, body and spirit (Zubrick et al., 2005). As Hemming and Rigney (2011, p.351) note, "Indigenous Australian philosophies of being are based on an interconnection between country, body and spirit". Within Indigenous Australian society, there is no single word, term, or expression for 'health' as it is understood in Western society (O'Neil, 2011). Thus, it is proposed that it would be difficult from the Indigenous Australian perspective to conceptualise health as one singular aspect of life (Purdie et al., 2010). *Ways Forward: The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health,* detailed Indigenous Australian perspectives of health, citing that for Indigenous Australians:

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Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. (Swan & Raphael, 1995, p.14)

The investigation

The research reported herein, by the Flinders University KMEC evaluation team, is in response to an enquiry by *beyondblue*, to investigate to what extent the KMEC Model relates to early childhood services in communities with relatively higher proportions of Aboriginal or Torres Strait Islander peoples. More particularly, the focus was to:

- Investigate how those services were responding to the KMEC Model.
- Identify the gaps in the KMEC Model for services with high Indigenous populations.
- Identify any adaptations the services were undertaking.
- Examine the suitability of the KMEC professional learning model for services with high Indigenous populations.

Participating services

The investigation of KMEC in services with high Aboriginal and Torres Strait Islander populations forms a separate study within our larger evaluation of the KMEC initiative in 111 Early Childhood Education and Care settings across Australia. This separate study involved qualitative case-studies in five services with enrolments of more than 25% Aboriginal and Torres Strait Islander children. It also included in-depth analyses of a selection of data drawn from the broader evaluation of KMEC, namely, data collected from all 10 early childhood services with an enrolment of more than 25% Aboriginal and Torres Strait Islander children. This data from all 10 services were collected on four occasions during 2010 and 2011.

Data sources

Four sources of data were used for this report , namely, interviews, annotated photographs from the photo study, Facilitator comments, and data from the broad-scale questionnaire study conducted at all KMEC services (including the 10 services with relatively high Aboriginal and Torres Strait Islander populations). Ethics approval for the project was obtained from the Flinders University Social and Behavioural Research Ethics Committee (SBREC) Project number 3744. Ethics approvals were also received from all relevant State and Territory jurisdictions.

Interviews: Interviews were undertaken in five early childcare services, each with between 31-100% of Aboriginal and Torres Strait Islander children in attendance. The services were located in different parts of Australia – one each in Queensland, NSW, ACT and two in the Northern Territory. With the exception of one service, which was situated in a capital city, the services were located in large country towns. All of the services were run by non-Indigenous directors, although Aboriginal and Torres Strait Islander educators were employed within the services. Nineteen staff[3] and one Aboriginal and Torres Strait Islander parent (who voluntarily spoke to researchers) were interviewed individually, and at three of the services six participants were interviewed in pairs. Only two participants were males, both being Aboriginal or Torres Strait Islanders, while of the remaining females, seven were Aboriginal or Torres Strait Islanders. The interview data were transcribed and thematically analysed in order to address the research foci outlined earlier. Flinders University evaluation team members have used this approach widely in their research, including the KidsMatter Primary Evaluation (Slee et al., 2009).

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[3] The terms 'staff' and 'educators' are generally used to refer to early childhood education and care educators.

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Staff Depiction Photo Study: An additional innovative data collection approach involved the use of a photo study method. Each of the ten purposefully selected services with a high proportion of Aboriginal and Torres Strait Islander children was given a digital camera, which staff were encouraged to use to photograph a scene that represented what having KMEC in their service had meant to them. These photos, together with the accompanying stories, are presented in this report. The stories provided by participants in the photo study were also thematically analysed by the researchers.

Use of existing KMEC evaluation data: In consultation with *beyondblue,* the data collected as part of the larger KMEC evaluation in 111 preschool and long day care services across Australia (currently being undertaken by Flinders University researchers) were used to undertake comparison with services with relatively lower Aboriginal and Torres Strait Islander populations, in order to identify any differences or similarities in engagement with KMEC. The focus of analysis in this evaluation is on processes of implementation, not on outcomes. On the basis of the four occasions of questionnaire data collection in the larger study, differences in change over time were examined in order to address the research questions.

Facilitator comments: Data was gathered on four occasions from Facilitators associated with the 10 services involved in this evaluation. Two open ended questions addressed the matter of the factors that constrained or supported the implementation of KMEC during the two-year intervention period.

Engagement with the KMEC Model and its implementation

Overall, the evaluation documents that there was general engagement with KMEC in the services. Some of the benefits of having implemented KMEC in a service were highlighted during the interviews. They ranged from increasing one's depth of understanding regarding community connections, to a parent feeling well supported by service staff during a difficult period. More specifically, benefits of KMEC in the services focussed on providing a deeper awareness of community, establishing a foundation for professional learning and providing support for families.

Facilitators were asked about the factors that constrained or supported KMEC implementation.

Constraints: Three themes were identifiable from the Facilitators' reports.
1. Time Constraints (e.g., lack of time to discuss KMEC with staff, compounded by other demands such as the Early Years Framework).
2. Staff Turnover (e.g., high staff turnover linked to inexperienced staff and limited engagement by staff with KMEC).
3. Constraints associated with extreme behaviours of children and families linked to the isolation of the services and lack of resources, including staff.

Supports: In terms of factors that supported the impact of KMEC, two themes predominated.
1. Leadership – where there was motivated supportive and knowledgeable leadership.
2. Staff motivation – identified in terms of committed, motivated staff who supported the KMEC initiative in their services. Across the four time points of the data collection Facilitators noted marked improvements in staff's ability to articulate their ideas about mental health, the implementation of social and emotional education for children in the curriculum, and greater contact by centres with external agencies.

In addition to data gathered as part of the interviews, quantitative data were available as part of the broader KMEC evaluation and these data were analysed in relation to the matter of engagement and accessibility and usability of the KMEC model. This analysis allowed for an examination of change over time during the two-year evaluation.

The findings suggests that staff in services with a high proportion of Aboriginal and Torres Strait Islander children reported that they were significantly less engaged with the KMEC initiative at Time 1, but that these views improved to a greater extent by Time 4, when compared to their colleagues in

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services with a low proportion of Aboriginal and Torres Strait Islander children. Although the 10 selected services appeared to have had a slower start, the extent of change in staff views was equivalent to a large effect size. Overall, then, these findings generally support the qualitative analysis with regard to staff perceptions of engagement and usability of KMEC in services with a relatively high proportion of Aboriginal and Torres Strait Islander children.

Over time, staff reported that having KMEC in their service facilitated their planning process and supported the implementation of other programs. Analysis of change over the four time points showed that, in relation to engagement and usability of KMEC, while the 10 services with a high proportion of Aboriginal or Torres Strait Islanders reported that they commenced KMEC at a lower level than other services, they finished at a higher level by time four to the extent of a large effect.

> *I think it aligns quite well with the Indigenous culture, that belonging and sense of community sort of thing. Really works well, yes ... the parent participation and any involvement works really well with our families. (Director, ST5C1R1)*

In relation to service implementation and engagement, Durlak and DuPre (2008) have indicated in their review of over 500 studies that only a minority report on their implementation process (5%-24%). The same authors concluded that average programs well implemented were two to three times more effective than the best programs poorly implemented. This evaluation of the implementation of the initiative in early child care services with a high proportion of Aboriginal and Torres Strait Islander children is rare, in that it addresses seriously the issues associated with implementation.

The findings strongly suggested that, in relation to the extent of engagement and usability of KMEC, services with a high proportion of Aboriginal and Torres Strait Islander children generally endorsed KMEC. Importantly, the respondents also highlighted various factors that constrained the uptake of KMEC that ranged across factors unique to the services themselves (quality of leadership), the local community contexts (e.g., the remoteness of the location), the KMEC resources (e.g., lack of an Indigenous content) and the national scene (e.g., the pace of reform in the child-care sector).

Data gathered in the course of this study showed that the Services with a higher proportion of Aboriginal or Torres Strait Islander children made a number of adaptations in implementing KMEC that are important to note.

- They adopted and adapted KMEC in culturally appropriate ways.
- Catered for children's very specific needs (e.g., addressing severe behavioral problems).
- Emphasised the importance of two-way learning involving Indigenous and non-Indigenous staff.

KidsMatter Early Childhood professional learning

The evaluation highlighted the significance of professional learning for enhancing understanding of young children's mental health. Facilitators responded to a number of specific questionnaire items relating to professional learning and the responses of those who. The Facilitators' reports of strongly agreed (scored 6 or 7) from Time 1 to Time 4, showed:

- a 60% increase in staff abilities to articulate ideas relating to mental health, and
- a 50% increase in staff perceptions that the professional learning materials met the needs of the service.

An assessment of KMEC professional learning comprised six questionnaire items pertaining to staff ratings of the impact of professional learning on staff knowledge and actions. Of the 165 staff in the 10 selected services, 46% strongly agreed (scored 6 or 7) at Time 1 that the professional learning related to KMEC had improved their interaction with children and parents, enhanced their knowledge about children's mental health, helped to foster children's mental health and wellbeing in their work, and helped them to be more responsive to children experiencing difficulties. By Time 4

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this figure had almost doubled, with 82% strongly agreeing to these same questions about the impact of KMEC professional learning – a 36% increase.

The interview content highlighted, above all, the value of the professional learning and the benefits of implementing KMEC in a service:

- KMEC highlighted specific areas of child care requiring attention with respect to mental health promotion, prevention and early intervention.
- Empowered educators.
- Aligned with the Aboriginal and Torres Strait Islander people's sense of family and community
- Improved understanding in the areas of the four components.

However, the data gathered also identified a number of key elements that should be addressed to ensure that KMEC is able to meet the needs of services with a high proportion of Aboriginal and Torres Strait Islander children and their families. Noticeable amongst these, were issues relating to the professional learning. In particular, comment on a number of key features, in terms of helping the professional learning to have more impact, included:

1. the delivery: more informal with more 'conversations' and 'yarning',
2. the content: less 'jargon',
3. the context: more attuned to the local context, and
4. the KMEC material resources: greater representation of Aboriginal and Torres Strait Islander people and community settings.

Many respondents in the services commented that the professional learning had been done well and it was seen as a vital part of KMEC implementation. Participants reported that the professional learning had increased staff's understanding of children's social and emotional development and provided self-reflection about practices. The professional learning was identified as informative and, in some instances, empowering and enlightening.

However, it was also apparent that participants felt that the professional learning accompanying KMEC failed in significant areas to incorporate Aboriginal and Torres Strait Islander people's perspectives and knowledge. The language and "jargon" used in the KMEC materials was generally considered to be unsuitable for Aboriginal and Torres Strait Islander communities and some respondents suggested that it required "translation" and simplification to more 'everyday' language and terminology. Some participants expressed a need to simplify the language used for staff in professional learning sessions, as well as for parents receiving information about KMEC.

The four KidsMatter Early Childhood components

The four components of the KMEC framework were generally accepted by participating Directors and staff as worthwhile elements for early childcare educators working with Aboriginal and Torres Strait Islander children and families. Statements from participants included views that the concepts associated with KMEC were comprehensive and that the four components were effective in assisting educators with their practices in the services.

The interview findings were supported by comparisons of change over time from the quantitative data. Facilitators' strongly held views (scored 6 or 7) of changes from Time 1 to Time 4 reflected:

- a 40% increase in the perception that the KMEC framework met the needs of the service, and
- a 60% increase in the perception that the services regularly implemented curriculum that provides social and emotional learning opportunities for children.

In relation to the quantitative data, an analysis was made of how services with a high proportion of Aboriginal and Torres Strait Islander children compared with low proportion services with respect to implementation of the components. Across all four components there were statistically significant improvements in implementation of the high proportion services.

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The data gathered for this study generally endorsed the suitability of the KMEC Model for use in services with relatively higher proportions of Aboriginal or Torres Strait Islander children. However, in relation to the framework itself, the resourcing and delivery of the initiative and the professional learning provided, some suggested areas for improvement include:

- The need for a great deal more Aboriginal or Torres Strait Islander content in the KMEC resources
- Making the professional learning more relevant to local contexts
- Professional learning for non-Indigenous staff about Aboriginal and Torres Strait Islander culture
- Changes in the language used in the KMEC resources
- Localised implementation
- Local input
- Greater use of Aboriginal and Torres Strait Islander elders
- Provision of more male Aboriginal and Torres Strait Islander educators
- Use of community facilitators
- Encouragement of conversations and yarning, with less reliance upon written material

Conclusions

The present study was focussed on a number of specific questions relating to how the KMEC initiative was received in services with relatively high proportions of Aboriginal and Torres Strait Islander children. More particularly, the focus was to (a) investigate how the services were responding to the KMEC Model, (b) identify the gaps in the KMEC Model for services with high Aboriginal and Torres Strait Islander populations, (c) identify any adaptations the services were undertaking, and (d) examine the suitability of the KMEC professional learning model for services with high Aboriginal and Torres Strait Islander populations.

As noted by Purdie et al. (2010, p. xxvi) "Indigenous Australian people usually take a holistic view of mental health". The authors go on to note "The holistic view of health of Indigenous Australians is evident in their capacity to sustain self and community in the face of a historically hostile and imposed culture" (p. xxvi). They further note that there are unique protective factors contained within Indigenous cultures and communities that are sustaining sources of strength and healing.

The KMEC mental health initiative, as evaluated in selected early child care services for this report, has highlighted a number of important findings related to the processes in the implementation of the initiative. In particular, the evaluation highlighted the significance of relationships involving young children, staff, parents or carers and members of the extended community for sustaining and promoting mental health for the youngest and most vulnerable. Swan and Raphael (1995, p.19) have noted, in relation to Indigenous concepts of health, that "This holistic concept does not just refer to the whole body, but is in fact steeped in harmonized inter relations which constitute cultural wellbeing." The findings emphasised the need to build on this feature of the initiative by promoting local connections and more strongly engaging and involving Aboriginal and Torres Strait Islander people in the process.

The professional learning offered by the KMEC initiative was highly valued in terms of nourishing and promoting understanding of the issues associated with young children's mental health. The respondents clearly identified ways that professional learning could be further strengthened by more strongly attending to Aboriginal and Torres Strait Islander people's perspectives and knowledge, especially in relation to matters of the particular community context of the child care services and matters of culture. Professional learning was seen to be very much a two-way process.

Finally, the evaluation showed that the respondents highly valued the four components of the KMEC framework. In particular, Component 1 and its focus on 'creating a sense of community' was identified as helpful. As Zubrick et al. (2010, p.85) have noted in their discussion of protective factors for Indigenous people's wellbeing,

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Aboriginal and Torres Strait Islander people have been forced to rely on each other, and the cultural, spiritual and other forms of support that are an integral part of the oldest continuous cultures on earth, to manage wellbeing in individuals, families and communities.

The respondents in this evaluation clearly identified way in which elements of the four components could be strengthened particularly by incorporating more Aboriginal and Torres Strait Islander content and involvement.

There is a range of limitations that need to be kept in mind when interpreting the findings of this study of a relatively small sample of services. Limitations arise from collecting data in real world settings, such as early childhood services. In particular, the data gathered for this study represents the views of some Aboriginal and Torres Strait Islander staff, but also rely heavily upon responses from non-Indigenous child care workers who are located in services with relatively higher proportions of Aboriginal or Torres Strait islander children.

Recommendations

In reading these recommendations, it is important to acknowledge that KMEC has been implemented at a time when Australian early childhood education and care is experiencing significant and unprecedented change. This change is related to the Australian Labor Government's reform agenda, instigated at their election in 2007. The reforms focus on providing Australian families with high quality, accessible and affordable integrated early childhood education and care. Note that we have interpreted the effects of KMEC as a package, and have no basis for drawing conclusions if parts of the package were to be delivered independently.

Taking into account the evaluation findings and subject to the recommendations below, the main recommendation is that **the broad framework, processes and resources of KidsMatter Early Childhood be maintained for early childhood education and care services with a high proportion of Aboriginal or Torres Strait Islander Children**. It is further recommended that:

1. General consideration needs to be given to how best to support services in the adaptation of the KMEC framework and resources to better suit the particularities of the *local context* in which Aboriginal and Torres Strait Islander communities are located.

2. In supporting services in the adaptation of the framework and resources, particular consideration needs to be given to the *content and language* used in the various resources.

3. In supporting services in implementing KMEC, the constraints to uptake and implementation need to be further considered in relation to the *extent and nature of the social dislocation and socio-economic disadvantage faced by many communities*, and the significant behavioural challenges many children present with.

4. In supporting services in the delivery of professional learning, further consideration needs to be given to the *mode and nature of the delivery* of the professional learning as adapted to the learning needs of the local communities.

5. Consideration of additional KMEC professional learning resources and materials is needed to support educators working with children with complex and diverse needs (such as children with behavioural problems, special learning needs, or children in state care).

6. The provision of up-to-date information for staff on children's social-emotional learning and wellbeing, staff-child relationships, temperament and mental health should be considered.

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Introduction

Indigenous Australian people usually take a holistic view of mental health….the holistic view incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities. (Purdie et al., 2010, p.xxvi)

Mental health is recognised as a basic human right, and is understood to be fundamental for a happy and fulfilled life for individuals, for effectively functioning families, and for social cohesion (Commonwealth of Australia Department of External Affairs, 1948). Mental health is one of Australia's priority areas, as evidenced by the *Fourth National Mental Health Plan 2009-2014* (Commonwealth of Australia, 2009).

The changing nature of Early Childhood Education and Care in Australia

At the outset of this evaluation report it is important to acknowledge that KidsMatter Early Childhood (KMEC) has been implemented at a time when Australian early childhood education and care is experiencing significant and unprecedented change. This change is related to the Australian Labor Government's reform agenda, instigated at their election in 2007. The reforms focus on providing Australian families with high-quality, accessible and affordable integrated early childhood education and child care. The agenda is complex and demanding for it mandates change at the national, state, and local levels of provision and practice. The main features of the change include a Partnership Agreement between the Federal and State Governments that has been crucial in instigating a jointly governed uniform national quality system (National Quality Framework, NQF) that applies to all out of school hours care, long day care, family day care and preschools. The NQF includes a single National Quality Standard (NQS) which provides expectations at a national level across seven quality areas including the implementation of the Early Years Learning Framework. All services will be rated according to the seven NQS areas and a new single national regulatory system has been introduced to regulate and enforce the NQS. Alongside the Early Years Learning Framework, educators working with children aged five who are enrolled in full-time school will be using the newly developed Australian Curriculum from the 'Foundation' year onwards as each phase is developed.

This evaluation report thus takes its place in a field that is changing at an unprecedented pace and the Flinders University team suggests that when the implementation is seen in this context, the commitment and professionalism of the Facilitators and educators takes on a new dimension.

The KidsMatter suite of initiatives

In growing recognition of the importance of mental health and wellbeing as an essential component of young people's positive development, socially, emotionally and academically, the Australian government has committed funding to develop and implement evidence-based mental health promotion, prevention and early intervention strategies in schools and Early Childhood Education and Care services. Flinders University researchers have previously undertaken a number of evaluations and discussion papers relating to the KidsMatter initiatives (Slee, et al., 2009; Slee et al.,

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2011). The KidsMatter suite of initiatives provides schools and services with a framework, an implementation process, and key resources in the four component areas of developing: a positive school community, social and emotional learning for students, parenting education and support, and early intervention for students at risk of mental health difficulties. This development is occurring in the context of research and evaluations focussing on the issue of mental health amongst Aboriginal and Torres Strait Islander populations (Hunter, 2004; O'Neil, 2011; Purdie, et al., 2010; Zubrick et al., 2010).

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The Australian Bureau of Statistics reports that in 2010 children and adolescents made up 18.9% of the population in Australia. As Kay-Lambkin et al. (2007, p.34) note "It is widely accepted that the early years exert considerable influence on their development, and their mental health and resilience throughout their life". Pihlakoski et al. (2006) argued that aggressive and destructive behaviours in very early childhood predict later problems and necessitate early recognition and possible intervention at an early age. Cefai (2011) has reviewed and highlighted the research relating to the positive effects of social-emotional education (SEE) on young people's lives, finding that such programs are linked to improved mental health. Similarly, Durlak et al. (2011), in a review of programs from kindergarten to secondary school, report clear evidence for the multiple benefits of such programs on the health and wellbeing of young people. KMEC adopts an a 'risk and protective factor' model to focus on areas where early childhood services can strengthen protective factors for improving children's mental health and minimise the effects of any risk factors.

As noted on the KMEC website (www.kidsmatter.edu.au),

> The KidsMatter Early Childhood initiative provides a continuous improvement framework to enable preschool and long day care services to plan and implement evidence-based mental health promotion, prevention and early intervention strategies that aim to:
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> - improve the mental health and wellbeing of children from birth to school age
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> - reduce mental health difficulties among children
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> - achieve greater support for children experiencing mental health difficulties and their families.

Mental health and young people

Addressing young people's mental health is critical given the major impact these problems have on an individual's ability to function in society. It has been established in Australia and overseas that there are significant educational, personal, social, occupational and economic costs, to both individuals and the community, associated with mental health problems. Mental health disorders are the leading contributor to the total burden of disease among young Australians, with depression, anxiety, and substance use disorders being most common (Sawyer et al., 2007). Pre-adolescence is an important time to provide prevention and intervention strategies to minimise the long-term impact of mental health problems (Sawyer et al., 2007). In Australia, epidemiological data suggest that mental health problems are common among children of primary school age, with one in seven children displaying significant mental health difficulties at some time during their development (Sawyer et al., 2001). Amongst young children (0-5years old) the research conducted to date suggests the incidence of those suffering from mental health problems is similar to that of older children, 15-20% (Mäntymaa, et al., 2012).

Children with mental health difficulties experience reduced capacity to engage with their education, and to develop and maintain positive peer relationships (Adelman & Taylor, 2000; Graetz et al., 2008; Rutter & Smith, 1995). Poor long-term outcomes for children whose persisting mental health problems go untreated is a further concern, particularly given the minority of children with mental health problems who present to support services (Campbell et al., 2001; Sawyer et al., 2001). Despite considerable progress in the field of mental health and wellbeing, substantial research in past

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decades has been almost entirely devoted to identifying the predictors of negative aspects of development. Scant attention has been given to the discovery of factors that are associated with positive facets of development, and social and emotional wellbeing. Mental health describes the capacity of the individuals and groups to interact inclusively and equitably with one another and with their environment in ways that promote subjective wellbeing and optimise opportunities for development and the use of mental abilities. Mental health is not simply the absence of mental illness (Australian Health Ministers, 2003, p.5). Several authors have articulated that mental health also refers to optimal functioning or wellbeing in the domains of prosocial competence, positive interpersonal interactions and an ability to cope with stress and adversity (Jormfeldt et al., 2008; Jormfeldt, 2011; Tennant et al., 2007). The *National Mental Health Plan* (Australian Health Ministers, 2003) defines mental health as "A state of emotional and social wellbeing in which the individual can cope with the normal stress of life and achieve his or her potential. It includes being able to work productively and contribute to community life" (p.5).

Furthermore, the dual dimension conceptualisation of mental health, as being both the absence of dysfunction and also full and positive engagement with life, is reflected in the changing focus of educators and health professionals. Mental health services within the school, community and health settings have often addressed concerns relating to the psychological wellbeing of children and adolescents through the identification of risk-need factors, the delivery of timely intervention and support services, and the reduction of potential stigma associated with mental health conditions (Clonan et al., 2004; Terjesen et al., 2009). However, recent years have witnessed an increase in the development and implementation of programs aimed at promoting an individual's strengths, which include competencies for social and emotional situations (Schonert-Reichl et al., 2009). It is apparent that current approaches emphasise the importance of embracing a more positive view of mental health. In this regard, it is important to note that this view accords with Aboriginal and Torres Strait Islander people's outlook.

Aboriginal and Torres Strait Islanders' conceptualisation of mental health

The National Strategic Framework for Aboriginal and Torres Strait Islanders People's Mental Health and Social and Emotional Wellbeing 2004-2009 draws an important distinction between the concepts of 'social and emotional wellbeing' used in Aboriginal and Torres Strait Islander settings and the term 'mental health' used in non-Indigenous settings. (Zubrick et al., 2010, p.75)

Purdie et al. (2010, p.xxvii) in their major report on Aboriginal and Torres Strait Islander mental health and wellbeing have stated that:

'The National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional well-being 2004-2009", contains nine guiding principles that further emphasise the holistic and whole-of-life view held by Aboriginal and Torres Strait Islander peoples.

As further noted by Purdie et al. (2010, p.xxvi), "Indigenous Australian people usually take a holistic view of mental health". The authors go on to note "The holistic view of health of Indigenous Australians is evident in their capacity to sustain self and community in the face of a historically hostile and imposed culture" (p.xxvi). They further note that there are unique protective factors contained within Indigenous cultures and communities that are sustaining sources of strength and healing.

In her thesis, O'Neil (2011) cited research noting that Western mental health constructs have traditionally been criticised for adopting a biomedical perspective, which fails to adequately account for the multidimensional complexity of the concept of health (Moyle, 2003)**.** While the expressions 'mental health' and 'mental illness' are Western medical terms, distress and troubled behaviour are recognised in most cultures. O'Neil further noted that the earliest systematic accounts of Aboriginal and Torres Strait Islander people's mental health commenced in the 1960s and 1970s (e.g., Cawte, 1964, 1968; Jones & Horne, 1972). These studies, which were predominantly of remote communities,

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employed Western ethnographic and psychiatric methodologies to describe mental health disorders unique to Aboriginal and Torres Strait Islander groups, and those considered to be attributable to the effects of ongoing colonisation on traditional culture, relations, lands and obligations. Further research and effort has contributed to elucidating Aboriginal and Torres Strait Islander cultural understandings of mental health (Vicary & Bishop, 2005; Vicary & Westerman, 2004). Upon examination of the literature, it is apparent that the Western constructs of mental health do not always fully encompass the beliefs held by Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander views highlight that health and mental health are not separate, but rather, are intimately connected through mind, body and spirit (Zubrick et al., 2005). Within Aboriginal and Torres Strait Islander societies, there is no word, term, or expression for 'health' as it is understood in Western society (O'Neil, 2011). Thus, it is proposed that it would be difficult from Aboriginal and Torres Strait Islanders' perspectives, to conceptualise health as one singular aspect of life (Purdie et al., 2010). *Ways Forward: The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health,* detailed Indigenous Australians' perspectives of health, citing that for Aboriginal and Torres Strait Islander peoples:

> *Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. (Swan & Raphael, 1995, p.14)*

The report also documented the Aboriginal and Torres Strait Islander people's conceptualisation of mental health problems:

> *A mental health problem is a disruption of the interactions between the individual and the environment producing a diminished state of mental health. (Swan & Raphael, 1995, p.15)*

The extant scholarship describes the Aboriginal and Torres Strait Islander conceptualisation of mental health as wellness of a physical, mental, cultural, spiritual, social, and emotional nature (Adermann & Campbell, 2007; Vicary & Andrews, 2000; Vicary & Bishop, 2005; Vicary & Westerman, 2004). When elements of a person's wellness are compromised, that person may be predisposed to mental health problems (Vicary & Bishop, 2005). Land and The Dreaming are considered paramount to Aboriginal and Torres Strait Islander people's belonging and health, enabling them to trace the birth of the world and their place in it (Adermann & Campbell, 2007; Vicary & Westerman, 2004). Research indicates that individuals may experience incidents of depression when away from their country for extended periods of time (Vicary, 2002). This can be attributed to a weakened spiritual link with country and community. Participants in the study (Vicary, 2002) acknowledged the importance of the need for Aboriginal and Torres Strait Islander peoples to return home regularly so as to remain connected to country and ameliorate feelings that could lead to a deterioration of an individual's mental state. Furthermore, the mental health and wellbeing of Aboriginal and Torres Strait Islander people is incorporated traditionally in spiritual beliefs, sacred sites, and rites (Brown, 2001; Vicary, 2002).

> *Indigenous Australian philosophies of being are based on an interconnection between country, body and spirit. (Hemming & Rigney, 2011, p.351)*

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The Investigation

The research reported herein, was conducted by the Flinders University KMEC evaluation team. It is in response to an enquiry by *beyondblue*, to investigate to what extent the KMEC Model relates to Early Childhood Education and Care services in communities with relatively higher proportions of Aboriginal or Torres Strait Islander peoples, relative to other services involved in the large KMEC initiative initially involving 111 services across Australia.

Early Childhood Services with high Aboriginal and Torres Strait Islander populations

The comprehensive evaluation of the larger KMEC initiative was undertaken during 2010-2011 by researchers at Flinders University and involved 111 services, selected to be representative of the diversity of contexts Australia-wide, with one such context representing greater Aboriginal and Torres Strait Islander populations. An enquiry by *beyondblue* to investigate further the services with relatively high Aboriginal and Torres Strait Islander populations afforded a unique opportunity to extend the full KMEC evaluation plan and investigate the implementation of KMEC in Aboriginal and Torres Strait Islander contexts. Ten KMEC services had an enrolled percentage of Aboriginal and Torres Strait Islander children above 25%, and were selected as the focus of this deeper investigation, with representation in seven of the eight states and territories across the 10 early childhood services. Demographic information, presented in Table 1, was collected from services at the start of the evaluation and provides background information about the context of the early childhood educational settings of these 10 selected services.

Table 1. Background characteristics of services with high Aboriginal and Torres Strait Islander population involved in the KMEC evaluation and the focus of this report

Services	N=10	Long Day Care	Preschool	Both
	Metro	1	1	
	Regional	2	2	
	Remote	2	1	1
	Profit	3	0	
	Non-Profit	2	4	1
Staff	**Mean (SD)**	**Long Day Care**	**Preschool**	**Both**
	Total Service staff	10.8 (6.8)	6.3 (5.9)	13
	% of Full-time staff	35.3 (20.3)	45.8 (8.3)	30.8
	% of Part-time staff	20.2 (25.4)	12.9 (14.9)	7.7
	% of Full-time with qualification*	68.9 (28.6)	53.8 (32.5)	30.80
	% of Part-time with qualification*	22.0 (31.1)	25.4 (20.4)	53.80
Children	**Mean (SD)**	**Long Day Care**	**Preschool**	**Both**
	Total children enrolled	50.4 (17.8)	72.3 (43.2)	78
	% of Aboriginal or Torres Strait Islander	47.7 (30.9)	65.8 (29.0)	75.6
	% of Culturally and Linguistically diverse	7.6 (7.8)	3.3 (5.1)	15.5 (20.6)

* Qualifications include: Early childhood teaching degree, Diploma, Nursing/Mothercraft, or Certificate 3

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Although the major part of the larger KMEC evaluation consisted of quantitative data collection via questionnaires, as part of this additional phase of the evaluation, a qualitative component included visits to five of these services located in four states and territories. During these visits data were collected in the form of interviews and 'photo voice' material.

It should be noted that the sample is not a random sample, and caution should be taken if generalising findings to other services or staff in Australia. In addition, although the finding presented in this report concern Aboriginal and Torres Strait Islander communities, it should be noted that very few staff identified as Aboriginal or Torres Strait Islander.

This report presents the findings from the qualitative case studies that were conducted in five services across Australia, and data collected on four occasions during the two-year evaluation from the 173 staff present in the 10 selected services with relatively high Aboriginal and Torres Strait Islander populations. In addition, the reports on four occasions from state-based Facilitators about each of the 10 selected services are also considered.

Research focus

The research focus was to investigate how well the KidsMatter Framework relates to early childhood services in communities with relatively higher proportions of Aboriginal and Torres Strait Islander people. More particularly, the focus was to:

- investigate how the services were responding to the KMEC Model;
- identify the gaps in the KMEC Model for services with a high proportion of Aboriginal and Torres Strait Islander people;
- identify any adaptations the services were undertaking; and
- examine the suitability of the KMEC professional learning model for services with high Aboriginal and Torres Strait Islander populations.

Consultation

Members of the Flinders KMEC evaluation team initially consulted with Ms Kim O'Donnell. Kim is a Research Officer in Health Care Management with a teaching background in urban and remote settings. She is an Aboriginal woman and a PhD student at Flinders University. Kim has extensive understanding and experience working with Aboriginal people in health, education and governance. She coordinated the Overburden project (2009) that investigated government contracting for Aboriginal and Torres Strait Islander Health Services nationally. She is also the Flinders University Link Person between Flinders University (Poche Centre for Indigenous Health), and The Lowitja Institute, a not-for-profit company formed to build a national strategic research agenda to improve the health and wellbeing of Aboriginal and Torres Strait Islander people. This meeting provided significant guidance regarding (i) contacting the services with higher proportions of Aboriginal and Torres Strait Islander children, (ii) interview protocols, and (iii) follow-up and feedback to the co-operating services. This consultation and consultations with *beyondblue,* informed the final design of the investigation. We then contacted each of the selected services and scheduled the site visits.

Data collection methods

For the overall evaluation, four sources of data are used, namely, (i) interviews with child care workers, (ii) photo study content, (iii) Facilitator comments, and (iv) data from the broad-scale questionnaire study. The broad-scale study was conducted at the 111 services (including the 10 services with relatively high Aboriginal and Torres Strait Islander populations). Interviews and photographs involved a total of 32 staff and one parent from the 10 services.

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Ethics approval for the project was obtained from the Flinders University Social and Behavioural Research Ethics Committee (SBREC) Project number 3744. Ethics approvals were also received from all relevant state and territory jurisdictions.

Interviews

Interviews were undertaken in five early childcare services, each with 31-100% of Aboriginal and Torres Strait Islander children in attendance. The services were located in different parts of Australia – one each in Queensland, NSW, and the ACT, and two in the Northern Territory. With the exception of one service, which was situated in a capital city, the services were located in large country towns. All of the services were run by non-Indigenous directors, although Aboriginal and Torres Strait Islander educators were employed within the services.

Nineteen staff and one Aborigine and Torres Strait Islander parent (who spoke to researchers) were interviewed individually, although at three of the services six participants were interviewed in pairs. Only two participants were males, both Aboriginal or Torres Strait Islanders, while of the remaining females, seven were Aboriginal or Torres Strait Islanders.

Participants were informed that the researchers were investigating how well KMEC suited the Aboriginal and Torres Strait Islander community contexts, and were interested in their views about what KMEC has done well and what it could do better.

The interview data were transcribed and thematically analysed in order to address the research questions outlined earlier. Flinders evaluation team members have used this approach widely in their research, including the larger KMEC evaluation.

Active, informed consent was sought at the beginning of each interview and participants were reminded that digital recordings of the interviews would be erased once transcribed so that no service or participant would be identified in any reports of the findings.

Staff Depiction Photo Study

An innovative data collection approach involved the use of photographs as part of a photo study methodology. Each of the 10 selected services was given a digital camera, which staff were encouraged to use, to photograph a scene that represented what having KMEC in their service had meant to them. These photos, together with the accompanying stories, are presented in this report. The stories provided by participants in the photo study were also thematically analysed by the researchers.

Use of concurrent quantitative data from the full KMEC evaluation

The data collected as part of the full KMEC evaluation involving the initial 111 services were utilised to identify any differences or similarities in the uptake of KMEC in the 10 services with relatively high Aboriginal and Torres Strait Islander populations compared to services with populations of under 25% Aboriginal and Torres Strait children enrolled. The focus of analysis was on processes of implementation and not on outcomes and involved questionnaire data collected on aspects of the KMEC Model. Differences in change over time were investigated in a manner similar to the full KMEC evaluation using hierarchical linear modelling.

Facilitators' comments

In addition, reports from the KMEC Facilitators of the 10 services presented in Table 1, along with any reflective practice reports from leadership team staff in those services, were examined with the focus on understanding any barriers and facilitating features specific to Aboriginal and Torres Strait Islander contexts. This analysis involving Facilitator data from 10 services is presented in this evaluation report to provide multiple perspectives about the main findings from the site visits.

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The KidsMatter Early Childhood Model and structure of the report

The four components of KidsMatter Early Childhood

KMEC is based on a social-ecological approach that recognises the influences of parents, families and communities (Graetz et al., 2008) and uses a risk and protective factor framework to focus on four components where early childhood services can strengthen the protective factors and minimise risk factors for children's mental health and wellbeing (Maddux, 2008). KMEC eschews the traditional deficit model of mental health, adopting instead a framework that emphasises strengths and prevention of problems.

The risk and protective factors associated with these four components make up the core content of KMEC and are consistent with the KidsMatter Primary Schools initiative:

Component 1	Component 2	Component 3	Component 4
Creating a sense of community.	Developing children's social and emotional skills.	Working with parents and carers.	Helping children experiencing mental health difficulties.

Payton et al. (2008) reported that, across the kindergarten to year 8 age range, social and emotional learning programs were found to be effective in improving students' social and emotional capabilities, attitudes about others, positive social behaviours, and academic performance. Furthermore, their research emphasised the value of promoting social and emotional learning in the early years and, given the increasing numbers of young children attending kindergarten and long day care in Australia, early childhood services have a pivotal role to play in this regard.

Engaging with the implementation process

KMEC is a continuous development model that guides services through an ongoing plan-do-review process. It involves services forming a leadership team that engages with the KMEC resources and drive the change process.

Professional learning sessions

State and territory-based KMEC Facilitators provide a critical role in enabling services to coherently and systematically implement a 'whole service' approach to mental health. KMEC Facilitators undergo professional learning for each component, and subsequently conduct training in each component with service staff. In-service professional learning sessions are specifically designed to increase the skills, understanding and confidence of all early childhood service staff in addressing children's mental health needs.

The three main aspects of the KMEC Model, namely, service implementation and engagement, KMEC professional learning, and the four KMEC components, provide the structure for this report. Within these chapters, four questions are broadly addressed:

1. How are services responding to KMEC?
2. What are the gaps in KMEC?
3. What adaptations are services undertaking?
4. What is the suitability of KMEC professional learning?

Engagement with KidsMatter Early Childhood and its Implementation

Look at me now

Now I can run

Look at me now

This child here couldn't walk … when he was growing up he was put into care … he was a very alone child and he had not much contact with any other children and he was sort of more or less shut off from the world. When he first came in he couldn't sit near children and he used to be really scared.

I've just taken a photo of him there showing that, well since I've been here, that we've helped him along his emotional state to see now that he can interact with other children and he's sitting quite closely, he doesn't have a big personal space, there's no bubble there to say "no don't come near me" and it's just showing me that he's feeling really comfortable … He's just a child that's gone from [being a] very lonely, scared child that's been shut out and now he's just experiencing life now, to interact with other children and to you know, start his journey.

Educator

General support for KMEC

The photo story 'Look at me now' highlights a child-care worker's perceptions of how KMEC had impacted on the social and emotional development of one young child as part of the implementation and engagement with the initiative. This photo story is indicative of, and is largely consistent with, the overall general support for KMEC in the selected services. As indicated in the interview statements below, staff felt that KMEC highlighted specific areas that required attention and empowered staff to address those areas.

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The data indicate that respondents thought that the focus on family engagement also aligned well with the Aboriginal and Torres Strait Islander people's sense of family and community.

I liked it. That was one of the reasons that we took it on because we thought it touched all the areas that we needed to work on, and that's why we voted to go on it. And I think it's fulfilled those areas and it's made us more aware of what we're doing and how we're doing things. (Director, ST4C1R1)

Parental and family support

In the course of the evaluation comment was also made regarding the significance of KMEC for its focus on engaging parental and family support. The following photo story illustrates this point.

The thing I like about this photo is we're actually smiling and laughing. We're having a bit of joke. It's just having that little bond that [the child] and I have got.

Nanna and grandchild having fun

To me this child is a pretty healthy child; physically and emotionally. Her wellbeing seems to be very healthy. She's a gorgeous kid. They all are.

I'm related to a lot of these children and I'm cousins to most of these children's grandparents and they found out and they went "wow, you're here Nanna! You're here with the kids. Oh that's good, we got you here looking after our children". So I've had that said to me by the grandparents when I first started here. So they really liked the idea of me working with the children. So they've still got that family contact with them.

We have a lot of kids in foster care. It breaks my heart because these kids aren't with their real parents.

Most of these children are taken away from their biological parents because of alcohol or domestic violence. They're the children that are suffering. They're the ones who suffer quite a lot. They're the ones who come from a really, really bad background, with domestic violence and mental health issues. Those children are the really bad sufferers. Sometimes it takes quite a long time for them to come out of it. As childcare workers we should have knowledge of what's going on, because we're protective too while they're here, so it's good for us to have the knowledge about what's going on with the kids. *Educator*

Service staff indicated that parents were generally accepting of and able to engage with KMEC. One staff member pointed out that *"if there was something they [families] didn't like they'll tell you straight away... KidsMatter they've been quite fine with".* (Educator, ST4C1R2)

These play days, they were exciting - we had two - we got about 10 parents at each one, and that is amazing. In that sense that's why KidsMatter Early Childhood and KidsMatter Primary works well in this context, because it's the beginning of parent involvement. (ST2C2R2)

I know that I wouldn't be able to get this far, the way I am now with my work, with my home life, if it wasn't for a centre like this. So the support I get from here is just overwhelming, you know. (Indigenous Parent, ST3C1R6)

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Other benefits of KMEC

Some of the benefits of having implemented KMEC in a service were highlighted by the early childcare educators as well as the parent who was interviewed. They ranged from increasing one's depth of understanding regarding community connections, to a parent feeling well supported by service staff during a difficult period. The benefits noted by participants included providing a deeper awareness of community connections.

> ... what it [KidsMatter] really did for us was really look deeper on the issues, because it put questions there so it made you think ... we did do a lot of things but it put deeper stuff in there ... We have good connections to the community, but it just gives you a little deeper type stuff. Like it made you think. So I'll give KidsMatter that type of hands up, it really made you think. (Director, ST4C1R1R4)

The comment realistically captured the difficulties in attributing cause to changes that adults have seen in children's development. Generally, though, KMEC was viewed in a positive light in terms of the support it provided for families and staff.

The implementation of KMEC

The process regarding the implementation of any intervention is important to understand. The data collected relating to the implementation of the KMEC initiative and the following content highlights that the significance of this aspect of the initiative was generally understood and valued.

Providing a strategy for improvement planning:

> I love that action research cycle [plan, act, reflect] and I think that's been really useful for us and even after KidsMatter's done, because we're introducing the national quality standards stuff, it'll be something that we'll continue to do as part of our school improvement plan. (e-Manager, ST5C1R3)

Supporting the implementation of other programs in the service:

> KidsMatter has helped me implement the [other] program by giving me a better understanding of how it can be delivered to other staff and most importantly to our children, who can take what we have learnt and taught into their home life and into the world. (Educator, ST4C1R6)

Change over time in relation to the implementation of KMEC

In addition to data gathered as part of the interviews, quantitative data were available as part of the broader KMEC evaluation. These quantitative data were analysed in relation to engagement, and accessibility and usability of the KMEC model. This analysis allowed for an examination of change over time in terms of the two year evaluation.

Figure 1 presents staff's views of their engagement with KMEC and the accessibility and usability of the KMEC model, in terms of the resources, the framework and professional learning sessions. The bars show the raw data underpinning the line of best fit for the two groups of services. It suggests that staff in services with a high proportion of Aboriginal and Torres Strait Islander children were significantly less engaged (p=0.04) with the KMEC initiative at Time 1, but that these views improved to a greater extent by Time 4, although not significantly so (p=0.17), when compared to their colleagues in services with a low proportion of Aboriginal and Torres Strait Islander children. Although the 10 selected services appear to have got off to a slow start, this change in staff was equivalent to a large effect size.

Similar findings were evident in staff's views about the usability of the KMEC Model, also shown in Figure 1. Again, staff in high proportion services started significantly lower (p=0.05) than low proportion services, and showed a greater rate of change, although not significantly different from low proportion services (p=0.49). Nevertheless, the extent of change in staff's views about the usability and accessibility of the KMEC Model for Aboriginal and Torres Strait communities showed a large effect.

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Figure 1. Change in staff engagement in services with High and Low proportion of Aboriginal and Torres Strait Islander children
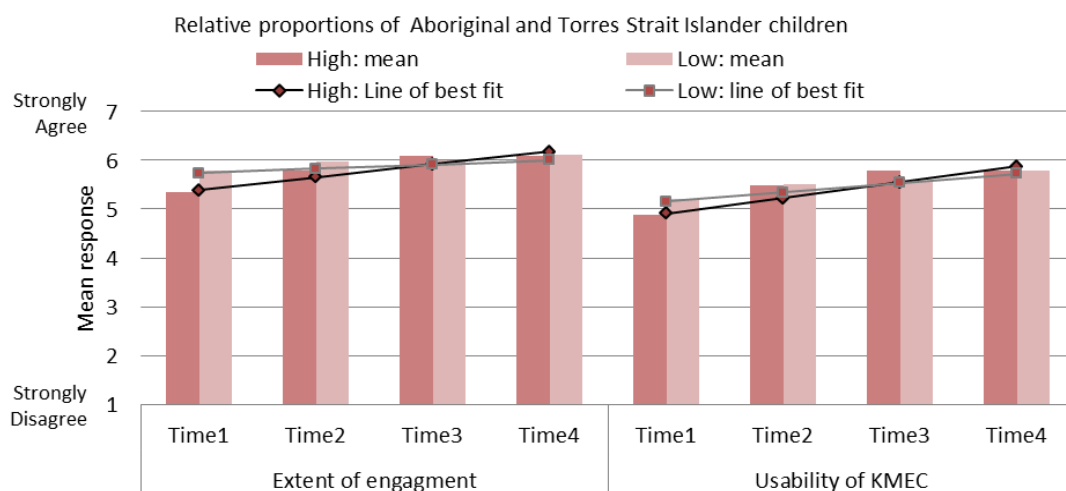
Service with high proportion Aboriginal and Torres Strait Islander children	Time 1	Time 4	r	Effect Size
	Strongly Agree (scored 6 or 7)			
Site Engagement: Extent	40%	76%	0.40	large
Site Engagement: Usability	29%	72%	0.38	large

Facilitators' views of the impact of KMEC on services and staff

Data were gathered on four occasions from Facilitators associated with the 10 services at the focus of this evaluation. Two open ended questions addressed the matter of the factors that constrained or supported the implementation of KMEC during the two-year intervention period. The following data are drawn from the Time 4 collations of the open ended comments, which were analysed in terms of common themes.

Constraints

In relation to factors that constrained the uptake of KMEC in high proportion Aboriginal and Torres Strait Islander services, three themes were identified from the Facilitators' reports.

(i) Time Constraints: lack of time to discuss KMEC with staff compounded by other demands such as the Early Years Framework.
(ii) Staff Turnover: high staff turnover linked to inexperienced staff and limited engagement by staff with KMEC.
(iii) Constraints associated with extreme behaviours of children and families linked [in Facilitators' perspectives] to the isolation of the centres and lack of resources, including staff.

Supports

In terms of factors that supported the impact of KMEC, two themes predominated.

(i) Leadership: Where there was motivated, supportive and knowledgeable leadership.
(ii) Staff motivation: Identified in terms of committed, motivated staff who supported the KMEC initiative in their service.

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Engagement and implementation of KMEC

Facilitators also responded to a number of specific items tapping into engagement and implementation across the period of the evaluation, shown in Table 2.

In relation to the Facilitators' reports of engagement, they noted across the four time points strongly held views (scored 6 or 7) that there was:
- a 40% improvement in the services having the capacity to engage with KMEC, and
- a 40% improvement in the leadership team being able to implement KMEC.

Note that there was, however, no change in the visible presence of KMEC in the services. One explanation for this could be the lack of a 'visible' Aboriginal and Torres Strait Islander presence in the KMEC content, a point which is discussed later in this report.

In terms of Facilitators' strongly held perceptions of implementation across the four time points they noted:
- a 10% increase in the use of component booklets,
- an increased commitment of 30% to the use of the 'plan-do-review' process, and
- greater involvement (50% increase) of staff in the planning and implementation.

Table 2. Facilitator ratings of the engagement and implementation of services with KMEC

Strongly agreed (scored 6 or 7)	Time 1	Time 4
This EC Service has the capacity to undertake the KMEC Initiative	40%	80%
How effective has the leadership team been in leading the implementation of KMEC at this EC Service?	20%	60%
KMEC has been visible and has a presence in this EC Service	20%	20%
Followed the KMEC Component Booklet as intended	10%	20%
The EC Service demonstrated a commitment to the ongoing use of the plan-do-review process	40%	70%
Used the plan-do-review process for the current component as intended	10%	20%
Involved most staff in the planning and implementation of KMEC activities	20%	70%
This EC Service has made the best use of Facilitator support and guidance	10%	80%
Encouraged staff to become actively involved with KMEC	20%	78%

What are the gaps in KMEC in relation to engagement and implementation?

One Director who was interviewed did not see that KMEC had made an impact. She felt that KMEC "doesn't work", despite sentiments from her, and her staff, that they had gained a great deal from having participated in the KMEC professional learning.

> *So KidsMatter hasn't made a difference? Not with the Indigenous [children] no. I don't think so. I don't think so myself. I think it's made a difference with staff and maybe some parents, but not many ... The only thing, don't take this the wrong way, the only thing that I thought was good about it was, I think we got two lots of $300 which I used for resources like games and things like that, even though we buy them anyway, that helped as well. (Director, ST3C1R1)*

One interpretation of the above comment from the Director is that she had not yet had enough time to see the changes in staff knowledge (gained from the professional learning) translated into staff actions in relation to their work with children. Professional learning opportunities are predicated upon the intention that improved knowledge will lead to improved professional behaviours. This comment suggests the need for follow up investigations into the longer term effects of KMEC.

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Local Aboriginal and Torres Strait Islander educators employed in early childcare services

Many of the respondents suggested that more Aboriginal and Torres Strait Islander people's involvement in KMEC is required at many levels, including within services, in order to enhance engagement with such initiatives. Respondents pointed out that greater Aboriginal and Torres Strait Islander people's participation would promote an understanding of Aboriginal and Torres Strait Islander cultures and facilitate communication with families in those communities. This could be achieved, according to respondents, by ensuring that Aboriginal and Torres Strait Islander educators are employed in services, particularly local people who are part of the Aboriginal and Torres Strait Islander community. As indicated by the following statements, the employment of local Aboriginal and Torres Strait Islander educators in services would assist in breaking communication barriers, facilitate community involvement, add to the credibility of the program and assist staff seeking guidance about local issues of importance for Aboriginal and Torres Strait Islander peoples.

> *I think it's good having … skilled local people … to actually put it into everyday context is really valuable because the Facilitators don't have that, they don't know what happens in your centre every day, so it's really good to be able to have somebody that can actually decipher what the Facilitator is saying sometimes, you know, getting rid of the jargon and putting it in concrete terms that happen in your centre and I think that's really important for our Indigenous workers and families. (Director, ST2_C1R1*

> *… it helps to break the barriers … if you're an Aboriginal person yourself or Islander, as soon as you see that person, even for a child, they can connect straight away to that person. It's just showing that there's someone that belongs to them. And I find that that would help break barriers. (Educator, ST4C1R2)*

> *I think it does need to be local so it's relevant to that community, because then that's got credibility. (Director, ST2C1R1)*

> *I think that link with the assistant being an Aboriginal person, because a lot of our families, if not themselves, but their own mothers and fathers did have really difficult times at school, they were really discriminated against and so for them to even feel comfortable coming in to a school setting, I think [the service] is sort of making a stepping stone for those families to feel welcomed, to feel included and then they can venture into the next step of their child's education. (Manager, ST5C1R3)*

> *It's really important that you have the right language. I know that within the Aboriginal cultures that it varies from region to region. You can come up with a generic thing, but you wouldn't put anything in about Kooris, because it means nothing up here. (Director, ST2C1R1)*

> *If we had someone [an Indigenous person] here that they [Indigenous families] could come in and talk to, I think that would definitely help encourage them to come into the centre a bit more. Some of them do not even drop their own children off or pick them up. So the only communication we are having with them is through whoever is driving the bus, which is verbal. (Educator, ST3C1R2)*

> *If they see a Koori face they'll [children] all go to that person first before they go to another one. And it's empowering your [Indigenous] workers to be able to do that. (Educator, ST4C1R2)*

> *It's … very, very, important, because I have not been to a community. If I can get information from somebody who's been there, who's seen everything: the good, I don't like to hear only the negative … talking with … one of our elders … makes me understand that there's a lot of beautiful things happening there too, so it doesn't cloud my judgment on you know, what life is in a community or in a camp. (Educator, ST2C1R2)*

> *Look, there are some disadvantages with Indigenous staff too, because of the family issues. But I think I really value talking to my, especially to my older, more traditional ladies about what's right and what's wrong and how do we approach that subject, what should we do, what's culturally right, what's wrong, and all those things. I think, as guidance it's really, really valuable and also it's part of that trust that people establish too, because if your Indigenous staff go home and say "oh gee, they do good things there" or we're doing this, that actually gets out into the community and then people are more willing to, you know, trust you and build that relationship with you. So I think it's really*

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important, I wouldn't like to be working without Indigenous staff. I think a nice balance so that you're actually showing that you've got a good cross-cultural staff is really valuable, but half our staff are Indigenous. (Director, ST2C1R1)

Local input

The importance of providing *local* Aboriginal and Torres Strait Islander input to encourage the uptake of KMEC was stressed by some respondents. In different parts of Australia, Aboriginal and Torres Strait Islander communities vary in both language and cultural practices and it was considered important to allow for this diversity in implementing KMEC, as the following quotes show.

No matter what service you use, make sure you focus on the area where the people are from, because me growing up as child, because I grew up in [town], I never came across any racism what-so-ever personally myself, but I never found a reflection of me in any of the schools that I went to. (Educator, ST4C1R2)

I think it's really important that they're local, because every group has different, sort of slightly different beliefs and values and dreamtime stories and things like that. (Director, ST2C1R1)

I think that they [local Indigenous person] because they have a connection and the building of that relationship with the families - it's quite different because they see each other outside, you know, in community events and things like that. And just the relating to the families I can see very, very, valuable. Just the ways of thinking and family and all of those things. I mean as a non-Indigenous person, I can appreciate and understand some of those things but I don't live it, and so it's very different I think. (Manager, ST5C1R3)

Each area is obviously different and what's around and that's just the cultural thing that understanding of the bush and, sort of going back to their roots and understanding what culture's about and stuff and knowing family of course is a big thing. (Educator, ST2C1R4)

Aboriginal and Torres Strait Islander Elders in the service

Elders play an important role in Aboriginal and Torres Strait Islander communities, particularly with regards to raising children. Their presence in early childcare services was also stressed as important, not only to provide a link to the people in the local Aboriginal and Torres Strait Islander community and to learn from them, but also to reflect the respected role of Elders in those communities. Aboriginal and Torres Strait Islander children's relationship with Elders was also noted as a significant aspect of child development, particularly for guidance and discipline.

We need a grandmother, especially a grandmother, one or two in this Centre, where they would help us in many ways. They would say "well this is the way we handle the children. This is the way we talk to the children", so that we will learn from the grandmothers. Or when they are not doing the things in the right way, the grandmothers scream at them or talk to them harshly, they'll listen more to them than us ... they listen to the grandmothers and the grandfathers more than their own parents. (Educator, ST2C1R4)

Because we have Indigenous [people] here and when the children don't really listen we call on them. And then they come and say "look" and then they speak the way, their way of speaking English and then the children look at them and they listen and then run off. So I believe that it is good when we have more Indigenous, especially grandmothers here, so when we can't handle the children we would turn back to the grandmother to talk to them. (Educator, ST2C1R4)

What would be the benefit of it? That, just the child with the family member, the presence for a start, where the two of them can just be. She's able to teach the child and the child is able to teach her. Even if it's only for a few minutes, there is impact, absolutely. (ST2C1R5)

I think it's very important, because, like I was saying, I'm related to a lot of these children and I'm cousins to most of these children's grandparents and they found out and they went "wow, you're here Nanna! You're here with the kids. Oh that's good, we got you here looking after our children". So I've had that said to me by the grandparents when I first started here. So they really liked the idea of me working with the children. So they've still got that family contact with them. (Educator, ST2C1R5)

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Having Elders in the service was considered especially important for children who are in foster care, particularly if they have been placed with non-Indigenous carers:

A child who's been in a bush camp, bush community comes here all of a sudden and they see all these people they've never seen, colours they've never seen. That's so daunting and scary, even a four year old or a six month old; it's still very scary because they've never seen other people other than their own community people. So to have an Elder is sort of a connection, it is a huge connection to the child because, you know, if you see the bush people, they sit down they hold their babies on their lap and they'll sit there feeling the child's head while talking very gently to the child and it's difficult for us to do that because we're on the go all the time, but if you have an Elder or an Indigenous worker, they know how to connect with the child, they take the child quickly, keep him or her on the worker's lap and maybe sing, very soothing, you know, in their own language. (Educator, ST2C1R2)

Male Aboriginal and Torres Strait Islander educators

In addition to Aboriginal and Torres Strait Islander workers and Elders, many respondents stated that it was also important to employ male Aboriginal and Torres Strait Islander educators as part of an initiative such as KMEC. Indeed, a male Indigenous educator was working with children in all but one of the selected services. The contribution made by male Aboriginal and Torres Strait Islander educators was considered invaluable for providing a role model for young male Aboriginal and Torres Strait Islander children, despite being a non-traditional role for Aboriginal and Torres Strait Islander males. The following quotes illustrate the value placed on Aboriginal and Torres Strait Islander males working with young children in child care services:

I think it's really important, but I would say it is fairly important to have a male staff member full stop in any centre. But I think it's really good role models for these guys, in the fact that, especially in our community here where there's a lot of violence and not a lot of really good role models and to have a really good male Indigenous role model was great for these kids. It was a bit frowned upon, when I first started here, because that wasn't a male's role in the Indigenous culture … child rearing was left to the women. So we had some interesting discussions with families on that, but they're actually really accepting of [the male Indigenous educator] but, there are some things that he says "that's not ok for me to do". (Director, ST2C1R1)

As a proud Aboriginal man it was a difficult decision to change from working in a primary school centre to an early childhood centre as traditionally men do not work with young children … It was knowing that the staff would support me and emphasised the importance of a male Aboriginal man working with young children was extremely important for not only the children but the community as a whole. Many of the children had limited male role modelling in their life, or one of their relatives was incarcerated, or domestic violence was part of their life; I could see how it impacted on their lives. (Educator, ST4C1R3)

I'd really liked to have some male role models, yes definitely. Because some of our children are from single-parent families. What benefit do you think it would be for them? Well I think especially for our big groups of boys to have positive role models to aspire to- to know that they can, you know, be someone. (Educator, ST5C1R3)

Most of the children will come and especially the boys gravitate towards him [male Indigenous educator] because he provides, he does things that he did as an Indigenous child back home in the big open lands that these children are exposed to when they are with their families. (Educator, ST2C1R2)

There's another story with another child that he was a bit shut down, now he's opened up because I've been in the room, there's a male indigenous person. He's in care too, and I've been told by other staff members that he's come out of his shell and he's more active. Just those things that you can interact with a male, like kicking a football - it's just a different thing for the kids. I think they're used to seeing females in the room, then when a male comes in the room there's a change, almost straight away. There's not enough males in this industry to help these children with stuff. It would be really good though to see more males, more indigenous males trained up, to all sorts of programs to get into the industry. (Educator, ST2C1R3)

Local Community facilitator

Having a community facilitator who liaises between families in the community and the childcare service was also raised as a possible means of removing barriers, improving communication and developing a greater sense of community. In one service, a female Aboriginal and Torres Strait Islander child care educator had taken on this role. As she explained:

> *Monday that's my community day to attend to meetings, to attend to parents, visiting parents. So that saves employing another person into a position where I've got a straight-in connection. So that helps break a lot of big barriers ... whatever issues that are happening in the schools, regardless if it's to a child, to transitional … to a family's having a bit of a break down in their home. (Educator, ST4C1R2)*

> *I think somebody that has those skills and, you would have to make sure that community worker was accepted by the families and so I think there would be a need for that person to work in the centre and build that relationship and then do the liaising between the families and the centre. (Director, ST2C1R1)*

What adaptations are services undertaking?

In relation to the engagement and implementation of KMEC in services with a high proportion of Aboriginal and Torres Strait Islanders there was no comment made in terms of any of the data gathered relating to adaptations to the KMEC Model made during the initiative.

What is the suitability of KMEC professional learning in relation to engagement and implementation?

> *The thing that I like about KidsMatter is its overall goal and its aim of prevention and it gives power to the workers with knowledge and understanding of how to identify ways of doing that. (Educator, ST3C1R4)*

There was a sense from the interviews and the photo stories that professional learning was linked to the matter of engagement and implementation of the KMEC model. That is, it is important to emphasise the importance of professional learning to encourage the uptake of the initiative, emphasising its holistic nature as an integral aspect of promoting mental health and wellbeing.

Chapter summary

> *I think it aligns quite well with the Indigenous culture, that belonging and sense of community sort of thing. Really works well, yes ... the parent participation and any involvement works really well with our families. (Director, ST5C1R1)*

In relation to service implementation and engagement Durlak and DuPre (2008) have indicated in their review of over 500 studies that only a minority of studies report on their implementation process (5%-24%). The same authors have concluded that average programs well implemented are two to three times more effective than the best programs poorly implemented. This KMEC evaluation of the implementation of the initiative in services with a high proportion of Aboriginal and Torres Strait Islander children is rare in that it addresses seriously the issues associated with implementation.

The findings strongly suggested that, in relation to the extent of engagement and usability of KMEC, services with a high proportion of Aboriginal and Torres Strait Islander children generally endorsed KMEC. Importantly, the respondents also highlighted various factors that constrained the uptake of KMEC that ranged across factors unique to the services themselves (quality of leadership), the local community contexts (e.g., the remoteness of the location), the KMEC resources (e.g., lack of an Indigenous content) and the national scene (e.g., the pace of reform in the child care sector).

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KidsMatter Early Childhood Professional Learning

This is part of our "All Children Being Safe" program that [the service] was invited to participate in and ensure it is early childhood appropriate. The children were able to have ownership and a sense of belonging in their community; as this program is set around [town]; and their home; as well as, where most of our staff lives. KidsMatter has helped me implement the program by giving me a better understanding of how it can be delivered to other staff and most importantly to our children, who can take what we have learnt and taught into their home life and into the world.

Educator

The photo story above, highlights an important point regarding how KMEC professional learning can be applied to other aspects of the development and promotion of wellbeing in the broader family and community context.

How are the services responding to KMEC & professional learning?

In the photo story 'Mythbusting', the educator, in commenting on the photo noted, "KidsMatter was important to me as it made me more aware of what [the service] has achieved and established foundations for my professional, community learning".

Mythbusting

We are open to challenges and really focused on demonstrating to others that Indigenous preschools are equal to mainstream and not a 'poor cousin in learning'. This was the perceived myth of most mainstream or communities members. It was, therefore, vital to us to actually get out in the local and wider community to promote [the service] as a positive educational family orientated practice service and to build stronger ties to mainstream services so that they could see that 'poor cousin in learning' was a mythbuster.

Professional Partnership Development and Learning

To stay true to our strategy plan we insist with all partners that if we cannot interpret and deliver their program in a culturally appropriate way then all our material will be withdrawn. I think this is very important and demonstrates to mainstream that we have a voice, we know how our children learn best, and we are not there to benefit their research instead their research needs to benefit our children, parents or staff.

Open Door Policy and Two-Way Learning: We welcome professionals, parents and interested bodies to visit our service and learn our ways. We made a commitment and strategy plan from Management, Director and staff and parents that all facilitations of workshops, promotions, professional development, supporting peers, that we will work as a team i.e., all mainstream employees must work with an Indigenous staff member at these events. This empowered both parties in the delivery of an excellent cross cultural development learning practice, which led into numerous opportunities of delivery and gaining additional programs that followed the strategy plan.

KidsMatter was important to me as it made me more aware of what [the service] has achieved and established foundations for my professional, community learning.

It demonstrates the importance of community relations with not just the parents but with our peers and partners, and how little steps can conquer myths and create a positive and better understanding of Indigenous cultures of Australia. When I looked over what we have done I feel proud to be part of [the service].   *Educator*

Many respondents in the services commented that the professional learning had been done well and it was seen as a vital part of the KMEC implementation. Participants reported that the professional learning had increased staff's understanding of children's social and emotional development and provided self-reflection about practices.

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KidsMatter helped me become more aware of good collaboration and good language. I feel I'm better and can achieve better results with the children since I've done KidsMatter. (Educator, ST4C1R4)

The staff training was perfect. Well I said that earlier, that it united us more because people understood where we were coming from. (Director, ST4C1R1)

Well the training that we went through, it sort of puts out how the cycle works with kids that have got mental issues, you know problems and it was just good to see the cycle how it works and the different ways you can approach the kids, in helping them gain more confidence or helping with any issues and understanding more about, you know, the problems that they have and knowing which way to go about it to help them to progress through early childhood. (Educator, ST2C1R4)

I had a lot of self-reflection after that. Especially with the children who are at risk and harm and how very sensitive we have to be towards children in order for them to, you know, have a very strong emotional and social wellbeing, sense of wellbeing in our Centre. (Educator, ST2C1R2)

In some services the early childcare educators commented that the professional learning had empowered staff:

[KidsMatter] made us think, and knowing the empower of our staff, they just wanted to be trained in so much, so they're all coming along in all the different trainee packet ... it empowered them as well because they thought it was just all the [leadership] team and we said "no, we want you to do this too". (Educator, ST4C1R2)

Do you think that KidsMatter helps to empower the staff? Yes. Most definitely. By the time we've got to component 4 I would say yes. I think to start with there were, you know, they had some of the skills and they acknowledged that they had those skills, but it's about building that confidence and building up and I think at our last professional training thing, the penny was really starting to drop with those staff. (Director, ST2C1R1)

So would you say that KidsMatter has empowered you? It has. It has. And especially, the last, the fourth component ... There are things in your head, but you really don't take action until somebody comes and talks about it ... after the sessions with KidsMatter I feel more confident to go and talk to the parents and say "look if you need any help please let us know, we can refer you" ... I've done that a lot with parents here now ... so I approach them and say "look if you need support services, there are support services out there, we can help you to find the services you need" or if it's a parent who's struggling, I feel more confident to go and say ... so through that 'partnership with families' component I made sure I knew where I can refer people to. (Manager, ST2C1R2)

Other positive aspects of the professional learning mentioned by some respondents were that it was informal and that it provided an opportunity for discussion about relevant local issues, as illustrated in the following quote:

I found it very effective because it was more open for discussion. It was not just with [the Facilitator] going on and on about slides, we were able to … like we had lots of chances of putting input into it and making sense of what all this write up and what the slides were all about. It was real informal (which was really great for me). (Director, ST2C1R1)

Changing staff views of KMEC professional learning

An assessment of KMEC professional learning comprised six items pertaining to staff ratings of the impact of professional learning on staff' knowledge and actions. Of the 165 staff in the 10 selected services, 46% strongly agreed (scored 6 or 7) at Time 1, that the professional learning related to KMEC had i*mproved their interaction with children and parents*, *enhanced their knowledge about children's mental health*, helped to *foster children's mental health and wellbeing in their work*, and helped them to be *more responsive to children experiencing difficulties*. By Time 4 this figure was almost doubled, with 82% strongly agreeing to the impact of KMEC professional learning – a 36% increase.

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Results from the examination of change in staff views in services with high proportions of Aboriginal and Torres Strait Islander children further supported the notion that the professional learning was generally well received (see Figure 2). As indicated, staff in high and low proportion services held similar views about professional learning at the beginning of KMEC and these were not significantly different (p=0.62). Moreover, change in staff views was also statistically similar (p=0.56) in high and low population services with an overall improvement equivalent to a medium effect size. In short, there were no differences between the views of staff in Aboriginal and Torres Strait Islander communities compared to staff in low population communities about the impact of KMEC professional learning on staff knowledge and actions.

Figure 2. Comparison of change over time in the professional learning in services with High and Low proportions of Aboriginal and Torres Strait Islanders
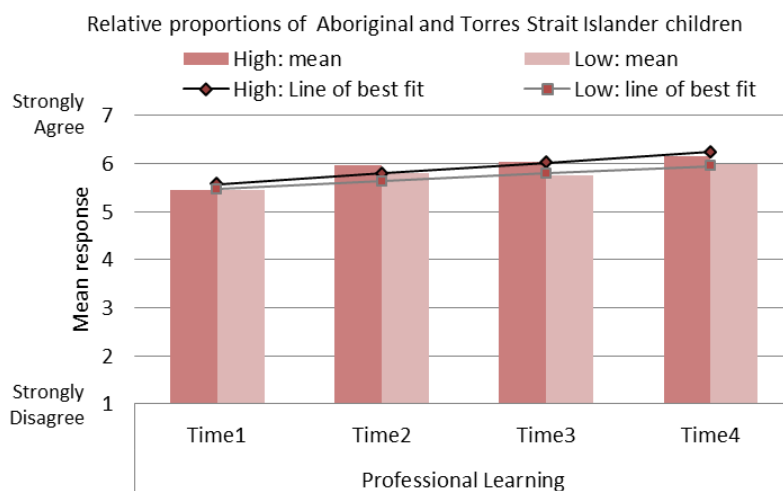
Service with High proportion Aboriginal and Torres Strait Islander children	Time 1	Time 4	r	Effect Size
	Strongly Agree (scored 6 or 7)			
KMEC Professional Learning	46%	82%	0.28	medium

In response to what KMEC does well, the professional learning was identified as informative and, in some instances, empowering and enlightening. This outlook needs to be considered in the light of the following examination of interview material with regard to 'gaps' in the KMEC Model.

Facilitators' reports of professional learning in KMEC

Facilitators responded to a number of specific questionnaire items relating to professional learning and the responses of those who strongly agreed (scored 6 or 7) are provided in Table 3. The reports showed:

- a 60% increase across the four time points in the Facilitators' perspectives about staff's ability to articulate ideas relating to mental health;
- a 50% increase in the Facilitators' perceptions that the professional learning materials met the needs of the service.

In summary, as one of the interviewees noted:

I think the professional learning for staff has been done really well … that was the really valuable component of it because if you don't have the staff skilled in the techniques, how do you share that knowledge and use that knowledge in your everyday program … I think probably the professional learning was one of the most important things of KidsMatter. (Director, ST2C1R1)

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Table 3. Facilitators' reports of professional learning

Strongly agreed (scored 6 or 7)	Time 1	Time 4
Staff have the ability to articulate their ideas using appropriate language related to KMEC	30%	90%
Required staff to attend professional learning associated with KMEC	80%	90%
Staff can articulate ideas using appropriate language related to KMEC	22%	80%
The materials used for professional learning met the needs of the EC Service	30%	80%

What are the gaps in KMEC in terms of professional learning?

Making professional learning more relevant

It was also apparent that participants felt that the professional learning accompanying KMEC failed in significant areas to incorporate Aboriginal and Torres Strait Islander people's perspectives and knowledge:

> *We have Indigenous staff members, sometimes all the slides and all that doesn't go very far, you know, it doesn't hit home as such. So the discussions, more photos, they are really proud of who they are and what they are, so a few photos of Indigenous children in your slides and the value, like, although the Facilitator did acknowledge the Elders, the land owners. If coming out here, there were a few more pictures of Indigenous children, like because the general thing is, that suits the white child more. (Educator, ST2C1R2)*

Professional learning about helping children in foster care

One area that childcare educators expressed a desire to know more about was in regard to the needs of children in foster care and the best way to assist them in their social and emotional development.

> *I'd like some more information on that, how can we bring that into KidsMatter, what sort of information can we get, you know, like the other information we've been getting. Do more study on children that have been in care and the emotional states that... what we would look at to help them. (Educator, ST2C1R4)*

> *We've got one child that's just gone into care, she was coming here anyway, but has gone into care and in the 3 weeks that she's been in care, she's had 3 different carers. … I suppose that's what I was wanting out of KidsMatter … how do we support these children that go in and out of care, to actually make them strong … that was my drive for KidsMatter was to actually, how do I better support these children that go in and out of care and who have experienced domestic violence and drug and alcohol abuse, because that's a big factor why our children have gone into care. (Director, ST2C1R1)*

The role that educators play in the lives of foster care children may be substantial. Two educators pointed out that for some children in foster care, the only place where they may experience stable relationships and routines is at the child care service:

> *This is the only … this centre is the only stable place in most of these little children's lives. They go back bush or to a community camp and very sadly, in no time they'll be back in foster care. But foster carers won't be the same again, because they've moved on, so they'll be put into another foster carer's home who has different routines, different ways of, you know, the house is different, the environment is different, the routines are different and a little two year old, or a little one year old… just doesn't know what happens. They just don't know where they stand, if they belong or if they don't, whether they can eat at this time or whether they can sleep safely. They have to discover it all on their own. (Educator, ST2C1R2)*

> *A child that's going from carer to carer, you know, they're not going home to the same person, but here they get to see the same faces every day and that's us, that's the workers here. So, in a way, I'm sure that the kids here feel a bit more secure knowing that they're going to see that person every day and you know we're here with them through the whole day. (Educator, ST2C1R3)*

Professional learning for non-Indigenous staff about Aboriginal and Torres Strait Islander culture

Early childcare educators not familiar with the local Aboriginal and Torres Strait Islander culture expressed a desire to have some professional learning opportunities so that they could better understand cultural differences. They suggested that this could improve communication between families and services and facilitate the implementation of KMEC. As some staff members explained:

There could definitely be training put in there. Maybe an area that focuses specifically on Indigenous matters... There are definitely differences within their culture. There are definitely differences in what is acceptable in their culture ... communication and things like that ... …To be able to put yourself into their home life and their culture. I'd say probably that until I worked here I wasn't really aware of it myself and it's only from being here and seeing the lifestyle and that's the way it is … Just more awareness about their culture would help. It would help us and it's also going to help them. (Educator, ST3C1R2)

I trained a lot at [a service] too, but that is all, forgive me for the word … Caucasian, all white children. You don't have a single Indigenous child there …. I had a lot of training from them but I never got this component, never trained on how to cope with or help children with Indigenous backgrounds … once I came here, I learnt, because families communicate in a very different way, Indigenous families … that's where talking to other community members helped me, like [Elders] helped me. (Educator, ST2C1R2

We went to a conference this year … and we took one of the classes with an Indigenous woman. There were a lot of things she told us that I wasn't aware of like: touching them – you don't touch them; you don't walk into their yard unless you're invited in, things like that. Like I didn't know that … maybe if we were to know more about their ways. (Director, ST3C1R1)

Not learn so much but understand how to communicate with the immediate family and the extended families. Particularly those that come in from the bush, because the way we welcome them and make them feel in the first instance will be either positive or negative. And so it's about if you have an understanding of the culture and how the families work, well you will just present that when you welcome them and they will be more apt to return and become involved. I think that's a big one. (ST2C1R5)

I think that's [cultural training] really, really important. I've always worked with Aboriginal people, not quite in the percentage here, but I have learnt so much coming here because the culture from community to community is so different. I think if you were doing some training it would have to be appropriate for the areas that people were working in, but I think it's very, very, very valuable. (Director, ST2C1R1)

What adaptations are services undertaking?

The language and "jargon" used in the KMEC materials was generally considered to be unsuitable for Aboriginal and Torres Strait Islander communities and some respondents suggested that it required "translation" and simplification to more everyday language and terminology. Some participants expressed a need to simplify the language used for staff in professional learning sessions, as well as for parents receiving information about KMEC.

I think probably some of the jargon lost my untrained Indigenous workers a bit because, yeah we use professional terminology and perhaps bringing it back to everyday language was important for them, which [staff member] and I often stepped in and did that and sort of explained it a little bit in terms that were relevant for us here … it's really good to be able to have somebody that can actually decipher what the Facilitator is saying sometimes, you know, getting rid of the jargon and putting it in concrete terms that happen in your centre and I think that's really important for our Indigenous workers and families. (Director, ST2C1R1)

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Chapter Summary

I think the professional learning for staff has been done really well … that was the really valuable component of it because if you don't have the staff skilled in the techniques, how do you share that knowledge and use that knowledge in your everyday program … I think probably the professional learning was one of the most important things of KidsMatter. (Director, ST2C1R1).

Lawson and Askell-Williams (2011) reviewed research highlighting that systematic social-emotional education can have a positive impact on young people's social and emotional states and also on their achievement. The evidence gathered from multiple informants and sources in the course of the current evaluation highlighted, as per the preceding quote from a service Director, that the KMEC professional learning was a valued feature of the initiative in services with a high proportion of Aboriginal and Torres Strait Islander children. The findings show-cased that professional learning was associated with significant improvements over the two years in staff interaction with children and parents, knowledge regarding young children's mental health, confidence in fostering young children's wellbeing and in their responsiveness to children experiencing mental health difficulties. Lawson and Askell-Williams (2011, p.251) further noted "…it is the learners who construct knowledge as they interpret what they are experiencing". As one educator noted in an interview

I had a lot of self-reflection after that (i.e., the PL). Especially with the children who are at risk and harm and how very sensitive we have to be towards children in order for them to, you know, have a very strong emotional and social wellbeing, a sense of wellbeing in our centre. (Educator, ST2C1R2)

It was very clear from the evaluation that the professional learning was a two-way process.

Significantly, the evaluation also strongly reflected the need for professional learning to more strongly incorporate Aboriginal and Torres Strait Islander people's perspectives and knowledge. In this regard, responsiveness to the particular contexts in which the centres are located is needed to ensure that the learning is as meaningful to educators as possible. As Zubrick et al. (2010, p.87) note,

The development and support of ongoing culturally appropriate SEWB [social-emotional and wellbeing] programs and commitment to culturally competent organizations and practitioners will help to close the current gap in wellbeing between Indigenous and non-Indigenous Australians.

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The Four KidsMatter Early Childhood Components

Valuing Aboriginal and Torres Strait Islander children's culture

To me, this represents what KidsMatter has meant to me because it has allowed me to focus more on the culture and backgrounds of our children and their families. Component 1 and 3 proved to be a challenge with parents becoming involved within the centre. With the majority of our families using our courtesy bus, forming partnerships and connections with families can be a challenge.

It has made me realise how important it is to have a positive relationship with families and for us to value our children's culture.

Educator

This is a picture of the rainbow serpent which followed a story told by an Indigenous Elder

How are services responding to KidsMatter Early Childhood (KMEC) in terms of the four components?

The photo story above, highlights one educator's views about the four components of KMEC.

The four components of the KMEC framework were generally accepted by participating Directors and staff as worthwhile elements for early child care educators working with Aboriginal and Torres Strait Islander children and families. Statements from participants included views that the concepts associated with KMEC were comprehensive and that the four components were effective in assisting educators with their practices in the services. As explained in the statements below:

> The way that KidsMatter is set out and the ideas behind it are great. They are all there. I think it's covered it all and it has helped us a lot already. (Educator, ST3C1R3)

> So do you think that the four components were effective in helping you to do your job? Yes. Most definitely, especially with little children at risk and harm. In what way? The way I would talk to a child, the way I would not judge, like you know, one thing I learnt was that I have no right to judge because I don't know what the family goes through. So to connect the communities, the families, the children altogether and how much we can do, you know, what I can do as a child care worker to help children with their emotional wellbeing. (Manager, ST2C1R2)

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Component 1: Creating a sense of community

Component 1 was particularly singled out as worthwhile. The overall significance of 'Community' was richly illustrated in the following photo story 'Bonds', with the educator commenting on the photo.

Belonging

Providing opportunity to engage in experiences which will make the children and families feel as though they belong has been a visual way for some families to make a connection and the foundation for the start of a relationship.

They are able to see for themselves that they are valued and for some this has been the forming of a connection or partnership with myself. *Educator*

These are pictures of Uluru which came from the children learning the Alphabet U for Uluru

Bonds

I have learned more about KidsMatter and how it made our preschool change in many ways with staff to staff interactions and staff to children interactions. As staff we have a very strong relationship and we all support each other and also we have a strong bond with the children and see the changes in them as they grow. The children are confident to come to staff for help if needed. *Educator*

KidsMatter has made me more aware of the social emotional development of children and how life can impact on the children's social emotional well-being and also on the family

A number of other comments from the interviews also pointed to the value of the four components of KMEC.

The Developing Sense of Community one is huge and it's just one that we will keep working on as we go along. (Director, ST5C1R1)

I think that is something that my staff do really well here anyway and so it was building on our strengths so that was a good starting point for us, because there were some really positives in that first component for us. (Director, ST2C1R1)

KidsMatter has taught us the value of staff relations, where it fits in with child health and well-being, as well as, our community; I feel we do this really well. (Educator, ST4C1R3)

I think that the focus on that building relationships is the most important thing with the Aboriginal families and I think that KidsMatter does that really well, that focus, that has to happen. Because when X [the Facilitator] was talking to us I was going "Yes. Yes. Yes" to all of things that she had to say about working with these children. (Manager, ST5C1R3)

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How effective the service was at creating a sense of community was assessed by six questionnaire items for staff, which also provide a measure of staff's ability to support the development of a sense of community at the site. Of the 173 staff in services with a high proportion of Aboriginal and Torres Strait Island families, 47% strongly agreed (scored 6 or 7) at Time 1 that their service was *effective at creating a positive community* in terms of *feeling connected and included*, and *having positive and collaborative relationships with other members of staff*. Almost two-thirds of staff strongly agreed by Time 4, resulting in an increase of 13% more staff strongly agreeing to these questions.

Component 2: Developing social and emotional Skills

The views of one Aboriginal parent strongly resonated with Component 2 and facilitating children's social and emotional development, as follows:

> *I don't know if it's due to KidsMatter being here, I don't know that, but all I know is that my kids, I see in them develop here, I've seen them develop here more than at school or at home … my son, with him I'd say like it's made him "stronger" as well because he's just very open and everything. Yeah just talks about everything. He uses big words for a 3 year old. (Indigenous Parent, ST3C1R6)*

In addition to this comment, six items gauged staff's ratings of how effective the service was at developing children's social and emotional skills in terms of relationships between staff and children, children's social and emotional skill development opportunities, and staff development and support. Almost 80% of staff in the 10 selected services strongly agreed (scored 6 or 7) at Time 1 that they were *effective at developing children's social and emotional skills*, and in *assisting children to establish positive and caring relationships with others*. With such a high starting point, there was limited opportunity for staff views to improve further. By Time 4, almost 90% of staff strongly agreed about developing children's social and emotional skills, resulting in a 10% increase over the two year period. The following photo story, 'sand play', highlights an educator's views regarding how KMEC assisted with Component 2 and relationships.

Sand play

Kids who need that kind of support

The sand play image … speaks to the need of dealing with a lot of children in our school who need that kind of support. It is beyond the school, you know, reading and writing and it's something else that they need and they all need it badly and that's social and emotional well-being. To me it's an image of that's what the need is. Let's never forget that they are people who need relationship and that's what we can do.

It's like a visual reminder. It's listening to the child and understanding about the child's life. It's just a quiet space where you can make a profound connection with a child and really acknowledge who they are and that's what we all need isn't it - to feel good about ourselves - so it builds up self-esteem and it's a valuable, a wonderful, tool. *Educator*

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Component 3: Working with parents and carers

Providing support for families was a valued aspect of KMEC, as reflected in the following comments by an Aboriginal parent and a service educator.

> *I know that I wouldn't be able to get this far, the way I am now with my work, with my home life, if it wasn't for a centre like this. So the support I get from here is just overwhelming, you know. (Indigenous Parent, ST3C1R6)*

> *A lot of the stuff that they are presenting is so suitable for our families. (Educator, ST4C1R2)*

In addition to these comments, seven questionnaire items were completed by staff in the 10 selected services, and were designed to measure how effective the service was at working with parents and carers in terms of *partnerships with parents and carers*, *provision of parenting information and education*, and *opportunities for families to develop support networks*. According to the 173 participating staff, 73% strongly agreed (scored 6 or 7) that the service undertook these activities with parents and carers at Time 1. An increase of 14% more staff who strongly agreed by Time 4 was evident in services with high proportion of Aboriginal and Torres Strait Island families.

Component 4: Helping children who are experiencing mental health difficulties

Being able to help children who are experiencing mental health difficulties was valued as a skill and the service educators gained important understandings through their work in Component 4.

> *Fits in perfectly with the age group we're doing, socially and emotionally ... we're working with that because our children are so far behind. You know our families, we're working with the families to give them the best start in life as well ... so I mean it fitted in so well. (Educator, ST4C1R1)*

> *KidsMatter has made me more aware of the social emotional development of children and how life can impact on the children's social emotional well-being and also on the family. (Educator, ST4C1R5)*

> *Since KidsMatter, the children are a lot, and I mean a lot, happier. If children are upset or negative you turn it into a positive ... They just need to learn that and they communicate well and it is definitely a part of the training that we've been doing. (Educator, ST3C1R3)*

Staff's views around Component 4 were gauged through five items to measure how effective the service was at *supporting early identification of children experiencing early signs of mental health difficulties*, *promoting attitudes towards mental health difficulties*, and *developing policies and procedures for addressing the needs of children experiencing mental health difficulties*. Responses from 173 staff in the selected services indicate that at Time 1, 58% strongly agreed (scored 6 or 7), and by Time 4 this had increased to 77% of staff who strongly agreed.

Facilitator views of the four KMEC components

From Table 4, it can be seen that Facilitator's strongly held views (scored 6 or 7) of changes from Time 1 to Time 4 of the data collection, reflected:

- a 40% increase in that the KMEC framework met the needs of the service;
- a 60% increase that the services regularly implemented curriculum that provides social and emotional learning opportunities for children.

It is important to note in Table 4 that there was no increase in the distribution of material relating to the components to families and staff and no increase in the perceptions of Facilitators that the services engaged with parents.
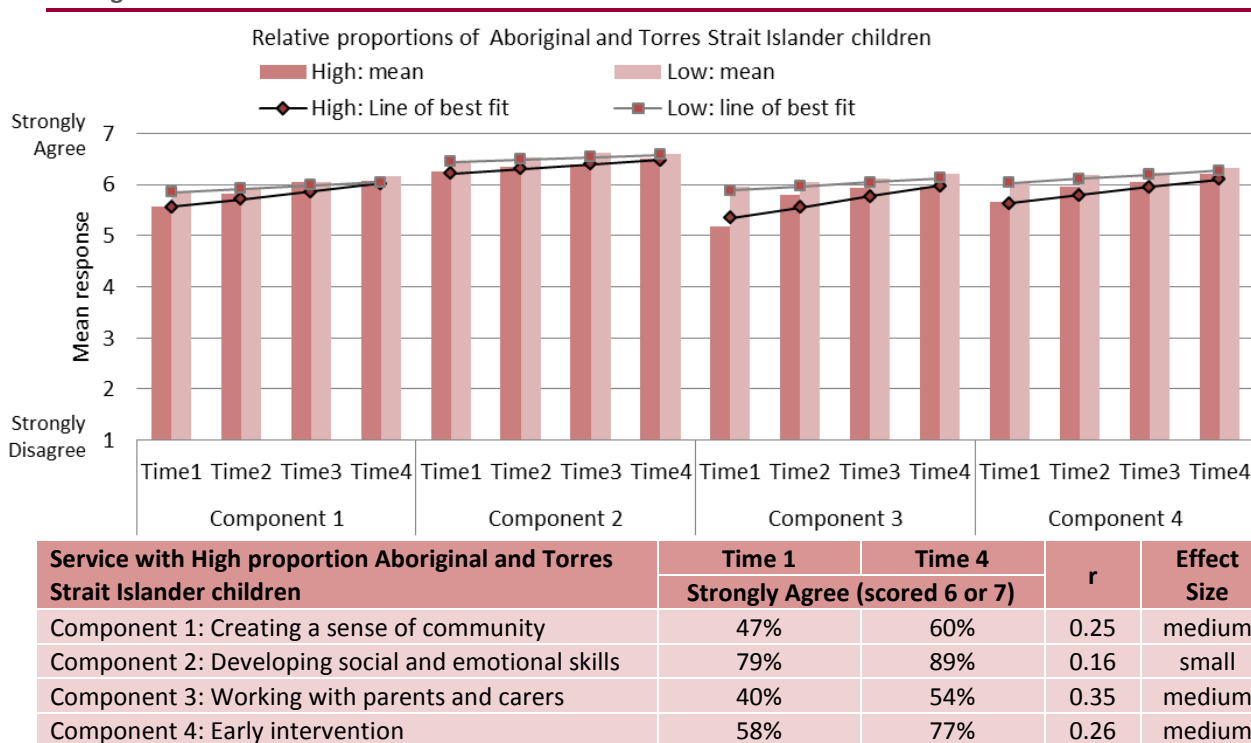
Table 4. Facilitator views of aspects of the four Components

Strongly agreed (scored 6 or 7)	Time 1	Time 4
The KMEC framework met the needs of the EC Service	40%	80%
Regularly implemented curriculum that provides social and emotional learning opportunities for children	10%	70%
Sent out the Component Booklet Survey to families and staff	60%	10%
Included KMEC information in newsletters to families	20%	40%
Provided opportunities for parents to meet with each other	30%	60%
Explicitly engaged parents with components of the KMEC initiative	10%	10%

What are the gaps in KMEC in relation to the four components?

Figure 3 presents results from staff in the 10 services that serve communities with high proportions of Aboriginal and Torres Strait Islander children, compared to the other KMEC services with low proportions. Staff at Time 1 in high proportion services were significantly less likely to agree to statements about parenting support (p=.001), and assisting children experiencing difficulties (p=.01), than their counterparts in low population services over the two-year period. However, the lower starting points of high proportion services regarding staff views about a positive community (p=.13), and social and emotional development of children (p=.07), were not significantly different from staff in low proportion services. In short, for Components 3 and 4, a gap at the start of the KMEC initiative was evident between high and low proportion services, such that staff in Aboriginal and Torres Strait communities were not as positive.

Figure 3. Change in staff views about the four Components in services with High and Low proportion of Aboriginal and Torres Strait Islander children

Service with High proportion Aboriginal and Torres Strait Islander children	Time 1	Time 4	r	Effect Size
	Strongly Agree (scored 6 or 7)			
Component 1: Creating a sense of community	47%	60%	0.25	medium
Component 2: Developing social and emotional skills	79%	89%	0.16	small
Component 3: Working with parents and carers	40%	54%	0.35	medium
Component 4: Early intervention	58%	77%	0.26	medium

Of equal importance was the assessment of how the gap changed over time in high proportion services compared to low proportion services. Across all four components (see Figure 3) there were statistically significant improvements in the high proportion services, resulting in a lessening of the gap, however these were only significantly different from low proportion services for two components. Component 1 (p=.03) and Component 3 (p=.02) both showed significantly different change with improvements equivalent to medium effect sizes. While Component 2 in high

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proportion services showed a small significant improvement, this was not different from low proportion services (p=.52). Similarly, the changing views of staff in high and low proportion services about Component 4 were not significantly different (p=.17), but resulted in an improvement in high proportion services equivalent to a medium effect size.

Making connections between theory and practice

Staff from the selected services generally accepted that KMEC had merit, but they indicated that there was room for improvement. While the concepts of the KMEC framework and the four components were generally considered appropriate for Aboriginal and Torres Strait Islander communities, it was recognised that there were some shortcomings, as indicated by the statement below, which was made by an educator who otherwise felt KMEC was a very worthwhile initiative.

> There are a lot of things when I go to sessions I go "woh, that is so far removed from what we do - what the problems are", but it's still useful ... [and] ... that doesn't mean that the training, the ideas aren't with me and I consider them and think that they are important. (Educator, ST2C2R2)

More Aboriginal and Torres Strait Islander content and involvement

There were clear messages from respondents that KMEC currently lacks Aboriginal and Torres Strait Islander people's presence and it falls short of reflecting Aboriginal and Torres Strait Islander people's cultures:

> I felt it kind of lacked a lot of the Aboriginal content, personally. (Educator, ST4C1R2)

> We need more Aboriginal involvement in the KidsMatter. (Educator, ST2C1R3)

KMEC was perceived by some to be more suited to "mainstream" and "white middle-class" communities. This view is reflected in some of the quotes below:

> Kids matter is more for families that are middle-class. (Manager, ST3C1R2)

> Well it's all about...that is all mainly on mainstream, right, and being an Aboriginal person and just living with it in your own town and having relatives you know, and when I read it, it's all mainstream stuff. So I have to switch to, turn to the other way.... bang straight I think about the Aboriginal, Indigenous kids. That's what I think. But it's ok, I can relate to it. (Educator, ST2C1R5)

> I struggle with the fact that when people write up regulations and come up with all these projects, most often they don't come out to the Indigenous communities, population, and it's all for the, what I call 'the fancy lots'. (Manager, ST2C1R2)

> I think you need to straight talk, very plain talk ... It's an extremely different world, you know. Aboriginal English is completely different from English, you know, where they place their words and how they say... it's completely different. (Educator, ST4C1R2)

> I've certainly had parents who have come along to enrol here who have brought along the Aboriginal liaison person with them so that they can fill in the forms because they need that help with the literacy, and that's something that's holding them back. So, maybe in terms of the social learning and in terms of some of the facts sheets, it might be useful to have a different format. As I said, I mean, it's not everybody, but there are some issues for some people. (Director, ST5C1R1)

> Just when you talk about 'psychological issues', 'cognitive issues', they've got no idea usually of what you are talking about. (ST2C1R1)

Conversations rather than written material

In terms of communicating with Aboriginal and Torres Strait Islander parents and families, some respondents suggested that written material should be minimised and that verbal communication and 'yarning' should be given preference. Communicating verbally was a practice commonly utilised in services wishing to inform and engage Aboriginal and Torres Strait Islander families, as underscored in some of the following statements:

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I think it's about building that partnership with the families and here it's mainly done through verbal dialogue … you might be chatting about something and they open up and it takes a long time to build that trust … But it's verbal … They don't like reading things and that's not saying that they can't read, a lot of them can read, but it's that time it takes. (Director, ST2C1R1)

In my meetings and 'meet and greets' every time I have my meetings regardless, I bring up KidsMatter to all the different things that are happening in our service ... I'll bring up everything that we're doing through the year and the stuff that are the high topics, so KidsMatter has come into nearly all our meetings as well talking about where we are at with this da da da, so that's how we get it across. (Director, ST4C1R1)

I think some of it is a bit too much information. You know, some people look at a sheet and go "oh" and put it aside without reading it. So I think for some of our families something with a little less information on a sheet might be better. (Manager, ST5C1R3)

For Aboriginal families you need more casual, friendlier things. If you come at them with papers and that, it's like "what are you trying to do?" It should be, come on let's have a feed and sit around and talk and chat. (Educator, ST3C1R3)

I don't get to read the stuff, like I said I don't really know much about KidsMatter, like I just see the magazines around and the posters. I don't really get to read it, but talking to them, like I've got time to walk in, have a quick chat and whatever and then head out again. (Indigenous Parent, ST3C1R6)

Adaptations services undertook of the KMEC components

There was evidence that the services did make some adaptations in implementing the four components. There was a strongly implied emphasis on providing content in more verbal than written ways. Talking and 'yarning' was generally seen as a more effective way of communicating than by using handouts and notices.

Chapter summary

Overall, child care educators valued the four components of the KMEC framework with Component 1 and its focus on 'creating a sense of community' being identified as particularly helpful. As Purdie et al. (2010) have observed the concept of 'community' appears to be a particularly resonant one for Indigenous Australians. Zubrick et al. (2010, p.87) note that the effective functioning of communities can act as a buffer helping counteract "…some of the sources of stress that Indigenous people identify as impacting on their wellbeing". Educators believed they were performing well in relation to developing children's social and emotional skills (Component 2) and small positive shifts occurred in the provision of support for families (Component 3). Positive changes in the capacities of educators in helping children who were experiencing mental health difficulties (Component 3) were noted. The evaluation identified quite explicit suggestions for improvement in relation to the four components. These included a stronger focus on bridging the theory practice gap, greater direct involvement of Indigenous people in the delivery of KMEC and adaptations to the manner of the presentation of KMEC. Parker (2010), in an overview of Australian Aboriginal and Torres Strait Islander mental health, highlighted the need for programs to strongly focus on the provision of culturally appropriate services.

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Conclusions and Recommendations

KidsMatter has given me a professional edge and understanding of children in child care that I was not getting from my studies. It is not only beneficial in tackling the stigma and difficulties of mental illness but provides a great platform to help give great, high quality care to all children. It has inspired me in many areas, and to me KidsMatter means ensuring kids are cared for and understood as thoroughly as possible. (Educator, ST3C1R4)

Discussion

Aboriginal and Torres Strait Islander people have been forced to rely on each other, and the cultural, spiritual and other forms of support that are an integral part of the oldest continuous cultures on earth, to manage wellbeing in individuals, families and communities. (Zubrick et al. (2010, p.85)

The present study was focussed on a number of specific questions relating to how the KidsMatter Early Childhood Initiative was received in early childhood education and care services with a relatively high proportion of Aboriginal and Torres Strait Islander children.

More particularly, the focus was to:

- investigate how the services were responding to the KMEC Model;
- identify the gaps in the KMEC Model for services with high Aboriginal and Torres Strait Islander populations;
- identify any adaptations the services were undertaking;
- examine the suitability of the KMEC professional learning model for services with a high proportion of Aboriginal and Torres Strait Islander children.

The findings from the evaluation are presented in terms of the three areas of (i) implementation and engagement with KMEC, (ii) professional learning, and (iii) the four components.

In relation to the matter of the implementation and engagement of the services with KMEC, a number of findings were highlighted. The findings strongly suggested that, in relation to the extent of engagement and usability of KMEC, services with a high proportion of Aboriginal and Torres Strait Islander children generally endorsed KMEC.

The thing that I like about KidsMatter is its overall goal and its aim of prevention and it gives power to the workers with knowledge and understanding of how to identify ways of doing that. (Educator, ST3C1R4)

There was a strong sense from the interviews and the photo stories that professional learning was linked to the process of engagement and implementation of the KMEC initiative. That is, it is important to emphasise the importance of professional learning to encourage the uptake of the initiative emphasising its holistic nature as an integral part of promoting mental health and wellbeing.

Importantly, the respondents also highlighted various factors that constrained the uptake of KMEC that ranged across factors unique to the services themselves (quality of leadership), the local

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community contexts (e.g., the remoteness of the location), the KMEC resources (e.g., lack of an Indigenous content) and the national scene (e.g., the pace of reform in the child care sector).

The serious adverse circumstances in which many of the Aboriginal and Torres Strait Islander families and children lived was also identified as a factor limiting the uptake of the initiative. In relation to the matter of possible gaps in the KMEC Model, the interviews indicated specific areas for improvement. In particular, the call was for more Aboriginal and Torres Strait Islander people's involvement in the design of KMEC resources. And in the services, it was indicated that there was a need for more male involvement, more involvement of Aboriginal and Torres Strait Islander Elders, and more professional learning opportunities for staff. It is difficult to separate KMEC issues from early childhood service issues, and clearly, KMEC did not set out to influence some of the issues raised by participants in this study. However, as the issues were raised by participants as having an impact upon their services, we have chosen not to filter out the broad range of participants' views, but instead present the issues as indicative of the contexts in which KMEC operates.

A recent study by Harrison and Greenfield (2011) of Aboriginal perspectives in NSW Kindergarten to Year 6 programs, stressed the importance of Aboriginal and Torres Strait Islander workers in schools, particularly for communicating with the local Aboriginal and Torres Strait Islander community and the positive impact it can have:

> *The teachers here stated that having a person who knows how to communicate effectively with parents and is able to phone and speak with them helps to maintain the school's 96% Aboriginal student attendance (in 2008). (p.71)*

In terms of Aboriginal and Torres Strait Islander people's involvement, a comment was made by one of our participants that KMEC lacks an 'Indigenous presence'. That is, it falls short of reflecting Aboriginal and Torres Strait Islander cultures. This is a particularly significant point, given that various writers have emphasised the importance of 'culture and spirituality' as part of the Aboriginal and Torres Strait Islander people's understanding of mental health. As noted in the Introduction to Purdie et al. (2010, p.xxvii) "this book reminds of us of the importance of recognising existing frameworks of healing in Aboriginal and Torres Strait Islander communities, and how culture and spirituality in relation to social and emotional wellbeing are ongoing sources of strength". Similarly, Zubrick et al. (2010, p.85) highlighted the "Connection to land, culture, spirituality and ancestry" as a protective factor for Aboriginal and Torres Strait Islander wellbeing.

The involvement of Aboriginal and Torres Strait Islander community members in schools has also been highlighted by Harrison and Greenfield (2011) who found that such involvement helps to foster a better understanding of Aboriginal and Torres Strait Islander cultures:

> *It is through the telling of these stories in schools that Aboriginal people are performing a relationship to place, while children are learning to understand what a place might mean to the Aboriginal person telling the story. (p.16)*

From the interviews, there was a strong call for more Aboriginal and Torres Strait Islander involvement – more local connection. This viewpoint is echoed in research reported by Harrison and Greenfield (2011). In particular, the engagement of Aboriginal and Torres Strait Islander Elders in the services was seen as crucial for helping emphasise the importance of the early years for young children's development. This is consistent with Dodson's (2007) call for (*inter alia*) intense community involvement in Aboriginal and Torres Strait Islander children's education. In both the interviews and the photo study components of this evaluation, there was identified the need for greater engagement of male Aboriginal and Torres Strait Islander child care workers. The barriers and facilitators to this for the KMEC initiative were eloquently expressed by one Aborigine and Torres Strait Islander male worker who contributed to the photo study. He noted,

> *As a proud Aboriginal man it was a difficult decision to change from working in a primary school centre to an early childhood centre, as traditionally men do not work with young children, as well as going to an all women work centre.*

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He also identified the facilitating factors for engaging males in the work, observing,

> *It was knowing that the staff would support me and emphasised the importance of a male Aboriginal man working with young children was extremely important for not only the children but the community as a whole.*

There was an indication that individual services were adapting KMEC to better suit cultural and local contextual demands. This reinforces the point made by Purdie et al. (2010) and Zubrick et al. (2010), emphasising the role of culture and spirituality in relation to social and emotional wellbeing. In considering the interview and photo study material gathered for this study there were indications that services were adapting the written resources to involve more 'conversations' and 'yarning' to communicate important information to the community. There was also a strongly implied indication that some services were working hard to adapt the language of KMEC to involve less 'jargon'. That is, the value of the information was recognised but the mode of its delivery was adapted. Here the strong emphasis on the need for greater local Aboriginal and Torres Strait Islander people's involvement which would inherently strengthen community connection (Harrison & Greenfield, 2011) was an important point.

The matter of adapting KMEC to address the particular social determinants of the Aboriginal and Torres Strait Islander population, was highlighted in a call made by one worker for more information about issues relating to the education and care of children in foster care situations. This highlights a point made by Zubrick et al. (2010), who identified a range of cultural and social factors of particular relevance to Aboriginal and Torres Strait Islander populations, including widespread grief and loss, child removal, cultural dislocation, and economic and social disadvantage.

As far as professional learning was concerned, one of the educators who participated in the photo study noted "KidsMatter was important to me as it made me more aware of what [the service] has achieved and established foundations for my professional, community learning". Dix and Murray-Harvey (2011) have drawn attention to the importance of professional learning in the implementation of mental health initiatives. They have identified a consensus in the literature relating to the delivery of professional learning as encompassing:

- provision of sufficient time,
- engagement with external expertise,
- engagement of teachers in learning,
- challenging of problematic discourses,
- establishment of a community of practice,
- ensuring content is consistent with policy, and
- active involvement of leaders in the professional learning.

Importantly, the same authors note that effective professional learning impacts on the fidelity of the mental health program being delivered.

While 'professional learning' was identified as something that the KMEC initiative does well, strong comment was made by the interviewees regarding the need to revise the nature of the professional learning itself. In the photo study component, one female educator commented that "To stay true to our strategy plan we insist with all partners (KMEC included) that if we cannot interpret and deliver their program in a culturally appropriate way then all our material will be withdrawn".

Moreover, a call was made for additional modules relating to professional learning regarding matters of importance to Aboriginal and Torres Strait Islander peoples, for non-Indigenous staff working in services. Early child care educators not familiar with the local Aboriginal and Torres Strait Islander culture expressed a desire to have some professional learning opportunities so that they could better understand cultural differences.

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Staff recognised the value of the content provided and the general cycle for the delivery of this content (Dix & Murray-Harvey, 2011). In discussing teacher professional learning Dix and Murray-Harvey (2011, p.148) noted,

> Teachers are self-regulating professionals who construct their own learning experiences and who need that learning to be meaningful in the context of their teaching practice". This observation applies equally to early child-care workers. The same authors go on to note that, "In order for professional learning activities and resources to have an impact, they must be appropriately paced and matched to the phases that a school proceeds along when implementing a whole-school program.

With regard to the four components of the KMEC Model, importantly, there was a sense that KMEC aligned with Aboriginal and Torres Strait Islander people's outlooks, particularly with the focus on community and belonging. Themes to emerge included (i) community connection, (ii) encouraging social and emotional learning, (iii) support for parents and family, and (iv) facilitating child development In addition to the interview data, the issue of belonging, community and relationships was highlighted in the photo studies. The four components of KMEC were generally well received and valued. In terms of 'community connection' the engagement with and implementation of KMEC, the initiative was credited with providing more than a superficial acknowledgement of the significance of community and as one respondent expressed it,

> Like it made you think. So I'll give KidsMatter that type of hands up, it really made you think. (Director, ST4C1R1)

The significance of this facet has been recognised in publications relating to Aboriginal and Torres Strait Islander peoples health and wellbeing (e.g., Purdie et al., 2010).

With regard to the theme of KMEC facilitating child development, it is appropriate to quote a child care worker involved in the photo-study, who in interpreting her photo, observed that

> KidsMatter has made me more aware of the social emotional development of children and how life can impact on the children's social emotional well-being and also on the family. (Educator)

The significance of this aspect of the KMEC initiative and the fact that it was identified as important is recognised in the child development literature. Thus, Zubrick et al. (2010) note that facilitators of wellbeing amongst children and young people include 'intellectual flexibility' coupled with positive temperamental qualities, good language development and emotional support. The Western Australian Aboriginal Child Health Survey (Zubrick et al., 2005) showed that Aboriginal and Torres Strait Islander young people have a higher overall incidence of general mental health problems than non-Indigenous young people. In a recent unpublished study, which examined data from the KidsMatter Primary evaluation (Slee et al., 2009), significant differences were discovered in the parent assessments pertaining to a sample of 270 Aboriginal and non-Aboriginal Australian children, aged 10 years (O'Neil, 2011). The parents of Aboriginal and Torres Strait Islander children rated their child's difficulties higher than the parents of non-Indigenous children across the four domains of the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). Statistical testing indicated that there were significant differences in the parent ratings for *Emotional symptoms*, *Peer problems* and *Total Difficulties*. There were no significant differences, according to parents of Aboriginal and non-Aboriginal children, for the domains of *Hyperactivity* and *Conduct Problems* (O'Neil, 2011).

Hunter (2004) raised concerns about the paucity of knowledge in relation to patterns of normal development and behaviour in Aboriginal children, and the effect of physical, social and emotional disturbances on these processes. Also, it must be kept in mind that the constructs of mental health and mental ill-health represented in the mainstream version of the SDQ (as used in the KidsMatter Primary and KMEC evaluations) may not be appropriate in wording or concepts for the Aboriginal and Torres Strait Islander population. Future research is needed to investigate a version of the SDQ modified for use with Australian Aboriginal and Torres Strait Islander populations.

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Conclusions

In the photo story 'Mythbusting' the female educator in commenting on the story conveyed by the photo noted

> KidsMatter was important to me as it made me more aware of what [the service] has achieved and established foundations for my professional, community learning. It demonstrates the importance of community relations with not just the parents but with our peers and partners, and how little steps can conquer myths and create a positive and better understanding of Indigenous cultures of Australia. When I looked over what we have done, I feel proud... (Educator, ST4C1)

As such, this story highlights an important point regarding how well adapted KMEC was to services with a high proportion of Aboriginal and Torres Strait Islander children. This is not inconsistent with the evaluation's finding that nonetheless there is significant room to further lay the ground work for the engagement and implementation of the initiative, provide more culturally responsive professional learning and consider how significant elements of the four components can be best delivered to services with a high proportion of Aboriginal and Torres Strait Islander children.

In this report, qualitative information taken from interviews and from photo study stories was used to address four questions relating to the implementation of KMEC in preschool and long day care services with high proportions of Aboriginal and Torres Strait Islander children. Thematic analysis was undertaken of the content, in order to address the research questions. The innovative use of a photo study procedure offered opportunity to gain personal insight into the implementation of a mental health initiative that has not been used before in Australia. Quantitative data from the larger KMEC initiative was analysed to provide further significant understanding of the impact of the initiative in terms of the questions being addressed in this evaluation.

According to respondents in this research, the KMEC model, the professional learning, the four components framework, generally suit the Aboriginal and Torres Strait Islander context. The professional learning provided in the course of the KMEC implementation was endorsed but significant comment was made regarding how best to adapt and modify the delivery and presentation of the learning. It was noted that culturally specific elements are lacking in the resources provided and should be embedded within KMEC to better adapt the KMEC initiative for implementation in Indigenous contexts. A strong call was made for significantly greater efforts to be made to engage and connect with the local community in the delivery of KMEC via the components. This connection could be profiled through greater use of Aboriginal and Torres Strait Islander workers and Elders in the child-care context. A point that should not be lost was the need for KMEC to provide information on social determinants of mental health that are particularly relevant to the Aboriginal and Torres Strait Islander population. As stated in the *Cultural Strengths Framework for Aboriginal and Torres Strait Islander Communities*, the "recognition of cultural differences is essential if we are to deliver services to Aboriginal and Torres Strait Islander people that do not compromise their legitimate cultural rights, practices, values and expectations" (Sheehan et al., p.1).

Finally, the photo story from one of the male educators, eloquently captures significant elements of the challenges facing KMEC as it is implemented in services with a high proportion of Aboriginal and Torres Strait Islander children.

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Changing roles, changing times

As a proud Aboriginal man, it was a difficult decision to change from working in a primary school centre to an early childhood centre, as traditionally men do not work with young children, as well as going to an all women work centre. It was knowing that the staff would support me and emphasised the importance of a male Aboriginal man working with young children was extremely important, for not only the children, but the community as a whole.

Many of the children had limited male role modelling in their life, or one of their relatives was incarcerated, or domestic violence was part of their life; I could see how it impacted on their lives. With the support of staff I took on some non-traditional male roles such as becoming a male nutritional educator in our cooking programs. I also encouraged other community males to come and be part of the program as educators of our culture. Both males work with me and the boys to help them learn the social rules of men and how we should respect girls. We do this through arts and music. We do not stop the girls from joining but we are culturally appropriate in our teaching when they do join us.

This photo to me shows a crazy bunch of staff but, every one of these individual persons has a story of their own, and their journey on how well they relate to our children and parents. The bond we have and the respect that we show between each other and the children is unbelievable, and makes all of us proud to be here.

We all have our up and downs in everyday life and when we come to work we can be sure that we can cry on someone's shoulder and be respected for our views and opinions. When things become too stressful we always stick together and support each other. Our team leaders look the craziest in this photo – I'm not saying which ones, but we can rely on them to tell us and support us in everything.

I believe that staff in a preschool is the frontline for children's health and wellbeing. As a staff member, we are aware of our children – we notice the littlest thing or big things and communicate to our appropriate team leader or Director.

From top management to our peers, we all are given opportunities to shine and bring programs to the centre that would benefit the children. We know that we respect each other's culture, and our opinions are valued and supported. Every staff member has a certificate and whether we have degree qualified or Certificate III all staff offers an opinion on how the centre should work with our community and a consensus is reached on how we will approach an issue. KidsMatter has taught us the value of staff relations, where it fits in with child health and well-being, as well as, our community; I feel we do this really well.   *Educator*

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Recommendations

In reading these recommendations, it is important to acknowledge that KMEC has been implemented at a time when Australian early childhood education and care is experiencing significant and unprecedented change. This change is related to the Australian Labor Government's reform agenda, instigated at their election in 2007. The reforms focus on providing Australian families with high quality, accessible and affordable integrated early childhood education and care. Note that we have interpreted the effects of KMEC as a package, and have no basis for drawing conclusions if parts of the package were to be delivered independently.

Taking into account the evaluation findings and subject to the recommendations below, the main recommendation is that **the broad framework, processes and resources of KidsMatter Early Childhood be maintained for early childhood education and care services with a high proportion of Aboriginal or Torres Strait Islander Children**. It is further recommended that:

1. General consideration needs to be given to how best to support services in the adaptation of the KMEC framework and resources to better suit the particularities of the *local context* in which Aboriginal and Torres Strait Islander communities are located.

2. In supporting services in the adaptation of the framework and resources, particular consideration needs to be given to the *content and language* used in the various resources.

3. In supporting services in implementing KMEC, the constraints to uptake and implementation need to be further considered in relation to the *extent and nature of the social dislocation and socio-economic disadvantage faced by many communities*, and the significant behavioural challenges many children present with.

4. In supporting services in the delivery of professional learning, further consideration needs to be given to the *mode and nature of the delivery* of the professional learning as adapted to the learning needs of the local communities.

5. Consideration of additional KMEC professional learning resources and materials is needed to support educators working with children with complex and diverse needs (such as children with behavioural problems, special learning needs, or children in state care).

6. The provision of up-to-date information for staff on children's social-emotional learning and wellbeing, staff/child relationships, temperament and mental health should be considered.

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Early Childhood Education and Care Educator