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## Collaborations in the early years: connecting culture on country for wellbeing

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***Kasserian Ingera ... And how are the children?*** Patrick T. O'Neil tells a story of the Masai warriors traditional greeting when meeting others and their subsequent answer ***All the children are well.***<sup>1</sup>

In 2019, in one community, in Tasmania, Australia, all the children are **not** well. This paper is one story of how a resilient community is working better together to improve the wellness of their capable children.

### **A National picture of young children in vulnerable families**

In 2009 the *National Framework for Protecting Australia's Children (2009-2020)*<sup>2</sup> was first released. It highlighted that in Australia we had problems and not all the children were well. Titled *Protecting Children is Everyone's Business*, the NFPAC demonstrated that some families were not well and needed help raising their children. The NFPAC reminded the Australian community that the children in our care are everybody's responsibility and we need to work together to ensure they are safe and well. The framework's goal was to *ensure Australia's children and young people are safe and well* and listed four action plans endorsed by state and territory leaders across Australia.

In January 2019, The Fourth Action Plan (2018-2020)<sup>3</sup> of the NFPAC was released. Titled *Supporting families, communities and organisations to keep children safe*, this last plan acknowledges that whilst there may be commitment to improving the wellbeing of children across Australia, there is still much work to be done. Most importantly, there is a widening gap in improved outcomes for the Nation's First People, the Aboriginal and Torres Strait Islanders, and their children which must be addressed.

### **Factors affecting young children in vulnerable families**

To work better together to protect and care for Australia's children we need to understand the factors preventing children from thriving. We need to listen to the children and those who care for them, raise them, and provide homes and shelter for them. We need to learn from the families to understand what is causing disadvantage, what is leading to their children's vulnerability and what are the drivers for entry into child protection. At *tagari lia* our business and responsibility is protecting Tasmanian children, in the Brighton area and ensuring they are safe and well.

### **tagari lia the place**

*tagari lia* is a Tasmanian Aboriginal word for *family*. The logo for *tagari lia* is *strong proud place-caring for our children and families*. *tagari lia* is one of the centres established with the Australia Government's *Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development*. *tagari lia* has operated for six years. It is one of twelve Tasmanian Child and Family Centres (CFC's) funded by the Tasmanian Government and researched by the Departments of Education and Health. *tagari lia* is situated in southern *lutruwita*/Tasmania, at Bridgewater, in the local government area of Brighton. *tagari lia* is a safe early years community hub nestled amongst community facilities for expectant parents, children birth to five years, their families and carers. Adjacent are a school from years 7-12 and five local primary schools.

### **tagari lia the people- population**

According to the *Australian Bureau of Statistics (ABS) Census 2016*, the Index of Relative Socio-economic Disadvantage (SEIFA)<sup>4</sup> used to capture information on economic and social data of Australian people showed that families within a 10km radius of *tagari lia* were ranked as the most disadvantaged. Median household incomes were well below those in Tasmania. Local schools had the highest percentage of children in *lutruwita*/Tasmania who identify with an Aboriginal background.

### **tagari lia the community- the children, their parents/carers and families**

Many of the children who access *tagari lia* are thriving and connected with their communities. But some are amongst the most disadvantaged children in *lutruwita*/Tasmania. So when we ask...**And how are the children?** some of the children are experiencing unhealthy, unsafe environments. Some children are vulnerable and **some are not well**.

## **Social determinants of health**

From neurobiology and neuroplasticity<sup>5</sup> research we know that the *First 1000 days*<sup>6</sup> and Epigenetics<sup>7</sup> are crucial for shaping a child's genes. The ability for a child to learn, change and adapt is not just cognitively learned but also physiologically embodied, internally and externally. Antonovsky's work on *Salutogenesis*<sup>8</sup> shows that social determinants of health can expose children to potentially disabling stress factors and lead to parental trauma and intergenerational trauma. Further research by *Glasgow Effect*<sup>9</sup> indicates that drivers of inequality (poverty, low level literacy, teen pregnancy, fractured relationships, attachment, family violence, substance abuse, mental health and wellbeing) can impact on reduced life-expectancy and longer-term disease.

There are concerning Tasmanian parallels to the results highlighted in the *Glasgow Effect*<sup>9</sup> where the Adverse Childhood Events Study noted six influences in chaotic early life increased morbidity of obesity, cancer, suicide, violence, alcohol and other substance abuse and heart disease and decreased adult life expectancy. Disturbingly, a recent Heart Foundation mapping exercise in Australia found that Brighton is one of the three Tasmanian local government areas with the highest death rate from heart disease.<sup>10</sup>

Reasons for the higher rates of health risk factors amongst Aboriginal children in Tasmania and reluctance to access and trust non-Aboriginal people are explained in the Tasmanian Aboriginal Centre Child Health Project.<sup>11</sup> These are attributed to survival and past experiences and include displacement from land, displacement from language and culture, separation from families and kinship, institutionalising of children and loss of trans-generation modelling of parenting skills.

## The *tagari lia* people—staff team

The *tagari lia* staff team offer support to families who access the centre, both Aboriginal and non-Aboriginal. We work collaboratively alongside families to support relationship building between the children and their parents, families, carers and others in the communities who support them. We are grateful to have seven Aboriginal staff members onsite at *tagari lia* across the teams of *tagari lia*, Connected Beginnings and *Kutalayna Health*. A noticeable change at the Centre is the increase and repeat visits of children and their families from the Aboriginal community. For the purposes of developing and enhancing relationships and communication, non-Aboriginal staff are listening, observing and asking questions with Aboriginal colleagues who patiently teach new perspectives. With the *Kutalayna Health* service now onsite at *tagari lia* provided by the Tasmanian Aboriginal Centre and the additional *Connected Beginnings* staff team, there are more Aboriginal people to lead and learn from.

Our successes at *tagari lia* are attributed to working alongside, deep listening and learning from the Aboriginal staff and Tasmanian Aboriginal community. The TAC has played a significant role in improving our staff and community cultural safety awareness with programs such as *gumnuts to buttons*.

## The *tagari lia* people—service providers

We value relationship building and integrated approaches and work collaboratively with teams of health professionals and service providers to support parents to increase their capacity and develop their resourcefulness. We have built relationships with the Child Health Nurses, Paediatricians, Library staff and Department of Education Early Intervention Service staff.

## The *tagari lia* goals and programs

Sometimes it can be overwhelming for practitioners working with vulnerable children when many factors influence early childhood development, so reducing goals to manageable smaller achievable outcomes has become crucial for improvement at *tagari lia*. We are guided in our work by three goals that focus on Education, cultural awareness and emotional and social health and wellbeing:

- The image of the child
- Connecting with the Aboriginal community through the Bush Food Garden (growing Respect)
- Promoting social and emotional wellbeing throughout the *tagari lia* community

In 2018 education programs combined music therapy interventions led by a registered teacher/registered music therapist to address the goals. Modelling and supporting parenting skills in evidence-based learning environments to address attachment, interaction and awareness became the focus in 2018 with additional key parenting programs that focus on attachment, *Circle of Security* and *Tuning Into Kids*. Attachment, interaction and quality relationships are shown to be crucial for vulnerable children who are experiencing neglect, abuse, poor physical, social and emotional health and not being school- ready. Whilst poverty has detrimental impact, *tagari lia* program priorities focus on child/parent attachment as *poor parenting has nearly twice the impact of persistent poverty, and that positive parenting and a strong learning environment can mediate the impact of poverty.*<sup>12</sup>

## tagari lia education

Education is a key factor at *tagari lia* in shifting the vulnerable child to a thriving, capable and competent child. At *tagari lia* the teaching is guided by the values of *The United Nations Convention on the Rights of the Child*<sup>13</sup> and what we know about children, families and community from the ABS and OECD data. The education programs are informed by research-based pedagogy of key theorists including Bronfenbrenner, Murdoch, Eisner, Vygotsky, Ritchhart, Fullan, Piaget, Steiner, Gardner, Dewey and Malaguzzi's Reggio Emilia approach of *100 Languages of Children*.<sup>14</sup> The pedagogy plus state and federal policies inform the teaching. These include:

- The Early Years Learning Framework (EYLF)—*Belonging, Being and Becoming*,
- The Australian Curriculum, the National Quality Framework Standards with Developmental Milestones,
- The Tasmanian Education Act
- The DOE Tasmania's Strategy for Children, (2018-21) *Learners First: Every learner, every day*,
- The Early Learning strategy pregnancy to eight years (2018-21) *Children thriving in strong connected communities*,
- The Child and Student Wellbeing Strategy (2018-2021) *Safe, Well and Positive Learners*

## tagari lia education context

Education, teaching and learning at *taagri lia* is very different to a school setting. The child's parents or carers are their main teachers and so it is important that they shift from not coping to being resilient and empowered. Staff support families by sharing ideas, resources and modelling ways for parents/carers to play and learn alongside their children. We name up what the children are doing so parents/carers notice their competent child. We explain how we or the parents interact with and respond to the children so they are aware of the positive effect they have on their child's learning, development and wellbeing. We encourage them to have a go, practice and sustain what they have learned back at their home.

Teaching at *taagri lia* is also different to teaching in a classroom where there is generally an homogenous age-group. The *tagari lia* groups can have children ranging from birth to five years old with varying abilities and from many cultural backgrounds. Our teaching methodologies are similar in that we use innovative approaches to engage children and draw out their big ideas. We are cognisant of the needs of children's various learning styles and adapt teaching styles accordingly. Much of our practice must be spontaneous and creative to adapt to the child's responses in the moment.

## tagari lia education research

*tagari lia* is currently contributing to a DOE action research project, *A Refocus Teaching and Learning in the Early Years initiative* (RTLEY). This supports CFCs and schools to deliver quality, evidence-based pedagogy from birth to eight years in Tasmania. Being involved in the RTLEY keeps us connected to other educators and current research that informs practice. We trial ideas at *tagari lia* with the children and their families and our observations contribute towards the state collective enquiry and action research results. It is assuring to know that what we are doing daily at *tagari lia* is well-regarded and that we are contributing to the current body of knowledge of child development,

curriculum content and teaching methodologies. It is motivating to know that we have a role in making a difference to early years children's learning and potentially their lives.

### **tagari lia education and music therapy**

Combining education with music therapy provides a wholistic child-centred approach to address children's wellness and what we know about children, families and community from the ABS and OECD data.

Music therapy is utilised as an additional way of supporting the relationships between young children and their parents. Through musicking<sup>15</sup> parents relax and play along with their children in a safe and trusted environment. They develop an awareness of their children's capabilities, interests and dislikes. Music therapy is well-researched and parenting programs like the evidence-based *Sing and Grow*, have been adapted in combination with pedagogical based education programs for a wholistic approach with better health and education outcomes for the vulnerable children and their families.

**What is music therapy?** Music therapy is a research—based practice and profession in which music is used to actively support people as they strive to improve their health, functioning and wellbeing... It is the intentional use of music by a university trained professional who is registered with the Australian Music Therapy Association (AMTA) Inc.<sup>16</sup>

**Who and what is a music therapist?** Music therapists incorporate a range of music making methods within and through a therapeutic relationship, are employed in a variety of sectors including health and early childhood. Music therapy is different from music education and entertainment as it focuses on health, functioning and wellbeing.<sup>17</sup>

### **tagari lia music**

Music is part of everyday life for many children and their families at *tagari lia*. There is background music played across the learning environment to create a welcoming atmosphere. Free public music performances are provided so families can join the community and have fun together. The local library offers weekly *Rock and Rhyme* sessions where families and day care groups sing and read together.

### **tagari lia music therapy**

Music therapy at *tagari lia* is facilitated to address specific health and wellbeing outcomes for some children and their families. The music therapy sessions use specialist evidence-based music therapy techniques intended to support parenting skills. The music therapy is designed to raise parents/carers awareness to protective health factors: health and nutrition, physical development, communication and cognitive growth, attachment and stimulation. Music therapy at *tagari lia* is planned to encourage child and parent/carer bonding and interaction. Interventions are modelled to build better relationships between children and their parents/carers. The music therapy is a strengths-based sustainable model. It supports parents to develop capability and encourages them to try the techniques at home with their children. A multi-disciplinary approach to planning is used. Other health professionals (psychologist, speech pathologist, social worker) and early intervention disability educators work alongside the music therapist in sessions.

### **tagari lia music therapy/education stories**

Three stories will be shared at the *Better Together* 15th National Rural Health Conference 24-27 March 2019 Hobart, Tasmania, Australia. These highlight how music therapy is an integral allied health practice in the multi-disciplinary team approach with vulnerable children at *tagari lia*. The

examples of musicking help promote the role of music therapy in settings where health, education, justice and community sectors are connecting. The stories raise awareness of how well-researched music therapy combined with well-researched education demonstrate ways music therapists, teachers and other health workers teaming together can better support vulnerable children and their families.

## Connected Beginnings

In 2018, *tagari lia* Child and Family Centre, secured three-year funding from the Australian Department of Education and Training to be the *Backbone agency* and employ additional staff to establish *Connected Beginnings*: a collective impact framework in *lutruwita*/Tasmania. *Connected Beginnings* supports the integration of early childhood, maternal, child health and family support services to work together and better prepare Aboriginal and Torres Strait Islander children for school transition. The Australian Government Health Department joined the collaboration and funded the *Kutalayna* Tasmanian Aboriginal Centre as an equal partner, enabling TAC staff to co-locate at *tagari lia* and provide health services.

## Recommendations

Whilst we celebrate our successes we have much to learn from the children, their families and the Tasmanian Aboriginal community. Integrating more Aboriginal staff and culturally aware programs for non-Aboriginal staff in the health care, education and justice systems who support families, may help address some of the current gaps in *cultural justice and the right to thrive*<sup>18</sup> for children and their families in Brighton and Tasmania.

The families and partners at *tagari lia* tell us we are doing well, and Connected Beginnings is a positive and exciting direction. But the data shows we can all do much better. When we ask at *tagari lia*, *Kasserian Ingera...And how are the children?* and we finally hear **All the children are well**, then we will know we have done better, together.

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## Presenter

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