Early Childhood Development Complexes — Where to from here?

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The Early Days

On March 20th of this year, it will be exactly five years since the Victorian Minister for Health released the **Report of the Consultative Council on Pre-School Child Development**, a document which was then adopted "in principle" as government policy for the State.

This report yielded, amongst many detailed recommendations, the concept of an Early Childhood Development Complex (ECDC) which has since been implemented in practice in a number of different places throughout Victoria.

As the research officer to the Consultative Council, I attended, from my appointment, all its deliberations and discussions, meetings, weekend workshops (some residential) and had the unique opportunity of witnessing the meshing of these experienced minds.

In helping to draft some chapters of the final report I had the privilege of working closely with Council members and, I believe, understanding at first-hand what they were thinking. I can even recall the emergence of the term "ECDC" and the countless times during which a definition was clarified.

While it is customary for such reports to become known by the name of their chairperson, the Report of the Consultative Council on Pre School Child Development has never become known as the "McCloskey Report". It is my interpretation that this has not happened because the report represented the democratic outcome of all members who represented not only health, but also social welfare, education, day care, child psychiatry, local government, and the voluntary sector.

The results of their inter-disciplinary efforts can, I believe, thus be seen in the principles they enunciated, and the practice they envisaged.

However, the Report of the Consultative Council has come to be a little like the Bible.

One can go to it to prove whatever point one likes!

But I would like to claim special experience and extract five major principles which I consider to be guiding in the planning of any child and family services, **not only** because the Consultative Council deemed them to be so, but also because I consider them to have been affirmed by the Knox experience — the results of 3½ years of research conducted on the pilot ECDC in the City of Knox, an outer eastern suburb of Melbourne. (Wadsworth: 1976, Wadsworth: 1979).

Principle One — A Child's Needs

The first sentence in the Report of the Consultative Council on Pre School Child Development states:

> "Future policy for planning and delivery of services for children under six years should be based on a scientific and humane understanding of the various needs of the child in his family, and in the community." (1.1)

This insistence that an understanding of **the child's needs** is the foremost concern — and that the child is not seen in isolation from family and community — commits the Council at the outset to a comprehensive vision of what will constitute needs-meeting solutions.

Principle Two — Network

The concept of a **network** — linked, integrated and co-ordinated, is also stated early on in the Report:

> "The Council believes that children's needs can best be met within a family setting, provided that the family is given adequate community support through a network of helping relation-

ships." (1.10)

"Services and programmes should be well integrated; for example, to avoid duplication and to ensure effective use, pre school and family services should as far as possible, be combined and coordinated." (1.12d)

Principle Three — Comprehensive Diversity

A commitment to a **comprehensive** network is expressed in Figure A, page 16, where a wide variety of services, auspices and organisation is depicted. It is also recorded in another early statement:

"The Council considers that there is an urgent need for the integration and expansion of existing services, with systematic development of existing and new services to provide a comprehensive coverage, ready availability and varied forms of delivery which are planned on the basis of community need and community involvement." (2.2)

Principle Four — Community Participation

This aspect is taken up repeatedly throughout the report, in a most progressive way, for example:

"No service for children can be complete unless it is built on the notion of parent participation. The Council regards such a principle as essential to an understanding of early childhood development." (1.11)

and

"An important share in the planning of services should be in the control of the people for whom the services are intended. They should be involved at every stage and accept some responsibility for the type and quality of their services." (1.12g)

Principle Five — Localization

A final major principle stems from the Council's view that a child's needs ought to be met **locally.** 1.12(f) talks of "easy access" of families to services, 1.20 recommends that services be in "close proximity to the community they serve", 1.23 states that ECDCs ought to be established "according to local needs" and 7.58 states the logical commitment to local government as an appropriate administrative locus for services.

Subsequent Implementation

What happened to the Consultative Council's concepts? Why have ECDCs become so controversial? Why is there so much confusion about their definition and function?

An explanation which appears to have been accepted as throwing light on the situation has been developed in the **Final Knox Project Report** (Wadsworth: 1979). It argues that the comprehensive networks of local services and resources in which families can easily and effectively participate have been unable to develop fully for reasons relating to implementation. Such implementation appears to have suffered from the effects of a paralogism which runs as follows:

1. In 1973, ECDCs are defined broadly as a wide variety of services, under a number of different auspices, existing to meet the needs of children in local areas (see Fig. A, page 16 of the Report of the Consultative Council).
2. Standing Committee recommended by Council to be responsible to a sub-committee of Cabinet and "to co-ordinate the services administered by the Departments of Health, Education, Social Welfare and Local Government, together with voluntary agencies and with representation from the consumer" (12.2) is **not** set up. Instead, an Assistant Ministerial position is created in the area of Early Childhood Development and attached to the Health Portfolio.
3. ECDCs implemented through the State Department of Health from 1975.
4. ECDCs increasingly identified **as,** and **only** as Health Department services.
5. Health Department services clearly do not (nor should) represent **all** the services and resources existing in a local area to meet children's needs, yet "ECDCs" are still defined in terms of the Consultative Council's Report.

Adding to this change of perspective is the historical change in administrative and funding locus of ECDCs **from** the Health Department's Maternal and Child Welfare Branch and funded by the Federal Department of Social Security (Office of Child Care) **to** the Community Health Programmes Section of the Health Department (Community Health Division of the present Health Commission) and funded by the Federal Department of Health (Community Health Programmes).

A final factor to be considered is the interpretation of the Consultative Council's term "ECDC" by the officer of the Health Department responsible for implementation after 1975. This doctor, with a hospital background and management training, appears to have seen an "ECDC" from the outset, as the "team" of medical and allied medical specialist consultants — rather than as all children's services in a local area.

Thus it is the directly employed team of health professionals who have come to be identified as the "ECDC", yet, because of the ongoing reference back to the Report of the Consultative Council as the handbook for ECDCs, much confusion has arisen because of the discrepancy between principles and practice — rhetoric and reality.

Returning to the Consultative Council's principles I have enunciated, it is the experience of many municipalities who have "got" an "ECDC" that (see for example Workshop on ECDCs: 1978) **the needs of children** and their families have frequently been unmet if the

services required do not fit into the Health Department's "package", i.e. those services which can be funded through the Community Health Programme, or through other traditional departmental funding categories. The **network** developed in the context of an "ECDC" is generally defined by the Health Department as its other subsidised services: the Infant Welfare Centres, Pre Schools and day care programmes.

An "ECDC" is seen as trying to **link to**, but not as **including** other State Department services or voluntary agencies although the latter was clearly the Consultative Council's intention (see Fig. A p. 16).

The viewing of an "ECDC" as **just** the Health Department medical and allied medical staff, has also led to confusion over whether an "ECDC" is a place or a complex and Health Department advertisements for "ECDC" personnel have actually stated that positions are at the "ECDC Centre", thus compounding the misconception.

The **comprehensive diversity** envisaged has not developed. Instead there has been considerable anxiety displayed by many other people who **ideally** should have seen themselves as part of the whole ECDC. In reality given the Health Department auspices of the concept, general practitioners, other local community health personnel, specialists, and existing municipal services have often experienced and expressed a sense of threat. To compound this problem, the Health Department took a very high key approach to implementation with much publicity and fanfare accentuating the sense of imposition from "out there", and reducing the chances that local people would see an ECDC as their own creation, or the Health Department's input as a routine addition to existing services. Indeed local people did not even make their own submissions for "ECDC" personnel — all this was done from within the Health Department — and often a local Council would read in a newspaper that they had "got" an ECDC, and shortly after find Health Department appointed personnel arriving to commence work.

To give just one example of the telescoping of an "ECDC": while the Consultative Council stated a **priority** on preventive aspects of children's services (1.20), it also recognised the need for treatment services (8.4), yet, as the result of Health Department auspices for implementation, treatment has been rejected as part of the definition of an "ECDC", since this is not considered, either philosophically or traditionally, an area of Departmental responsibility.

Nor need the Health Department take on treatment services; however, those which already exist: such as private practice — ought to, but do not see themselves as part of the ECDC.

Community participation has also necessarily suffered from the equation of ECDC with Health Department services. Quite apart from the lack of understanding of this concept, and the inability to see the value of citizen participation (not just involvement) by some officers of the Health Department, citizen participation and control are ultimately not possible given staff accountability to the Department. Additionally, the narrowing of definition has often led to a narrowing of local participation so that elected community representatives find themselves caught up in the detailed administrative trivia of record cards or equipment lists, instead of ranging widely over the whole area of children's services in their local area. The Departmental "guidelines" also ensure that committees are merely "advisory" and tied to the Department of Health. Indeed, so limited is their function that many months ago I predicted there would eventually need to be **two** committees for children's services in each area, one just for the "ECDC", or Health Department services, and another for the rest of the children's services in the area. Ironically, this is precisely what has just taken place in one "ECDC" area, where the municipal councils would not tolerate the Health Commission restrictions on their existing children's services committees, and have set up **another** special committee just for the "ECDC".

Something seems to have gone drastically wrong with the Consultative Council's vision of integration and co-ordination, when the implementing authority wishes to so tightly control the procedure that local communities actually become fragmented and divided in an attempt to avoid such imposition.

Localization as a concept has also lost much with the narrow definition of an ECDC. With very few exceptions (even Knox has been merged by the Health Department into a larger region) "ECDCs" are defined according to the size of catchment area appropriate to a team of medical and allied medical consultants. The rhetoric about "communities of interest" (Best and McCloskey: 1978) is misleading since it seems unlikely that the whole of Victoria should neatly fall into 34 "communities of interest", all of around 100,000 population. Instead, these regions are clearly only "communities of interest" for the specialist consultants who relate to them.

This kind of regionalization effectively prevents meaningful citizen participation, reduces local management capacities, and ensures control stays firmly in the hands of the central Health Commission. (Ripple: 1978: no. 13 p. 16).

It is ironical that, at a time when other State Departments with community services are busy moving **out** towards the local level, the State Health Commission appears to be extending and consolidating its direct, central control over what ought essentially to be local and locally managed services.

The obsession with "figures" displayed by the Health Department with regard to ECDCs increases the

demands placed on local Councils yet at the same time, denies Council's needs to manage their own services. One senior municipal officer explained that he had 277 personnel in his department of which only eight were with the "ECDC" — yet he is continually being asked to meet demands for written reports, statistic gathering and so on, none of which emerge from Council's own needs for research, and all of which appear to raise local hackles a little higher.

Co-ordination and management have also become problematic for local Councils because the Health Department has viewed such functions narrowly in terms of its own directly provided services, and has sought to either make the co-ordinator a direct Departmental employee, or a Council employee with numerous and detailed responsibilities to the Department.

The thrust away from local management has, in some areas, even resulted in an "ECDC" quite separate from the rest of the local scene and autonomous from the Municipal Council.

There are other signs of Health Department intervention, control and standardisation. Some "ECDCs" stationery carries a Health Department letterhead; most "ECDCs" or the Municipal Councils involved, find themselves involved in collecting statistics and writing reports for the Health Department (moving one officer to say "I don't want this ECDC to be just a report writing exercise"); literature on "ECDCs" frequently carries a "DEPARTMENT OF HEALTH, VICTORIA" label (for example, that distributed by Broadmeadows at their open day: even the pages listing private child minding centres and kindergartens carried this title); job advertisements for co-ordinators, even when employed by different local councils, are standardised in format; and tight guidelines for advisory committees and conditions of subsidy for co-ordinators have been referred to. (For additional detail on these, see a recent Community Child Care Journal article on ECDCs; Ripple: 1978: No. 15 pp. 8-9)

Confusion To Clarity

There seems little doubt that these discrepancies between rhetoric and reality have led to confusion — not only amongst local Councils and their citizens, but even amongst ECDC and Health Department staff themselves.

A recent public relations attempt at explaining the "ECDC" concept via an audio visual presentation left many viewers even more mystified as to what was and was not an "ECDC". (This film showed slides of the Krongold Centre, a community health centre and Noah's Ark Toy Library — certainly part of the original ECDC concept, but arguably not part of the Health Department "ECDC".)

An article on "ECDCs" published in the Australian Family Physician (Best and McCloskey: 1978) added to the blurring of the distinction between other children's services and the "ECDC". (See for example the discussion of all other statutory services and voluntary agencies, which blends imperceptibly into a reference to the ECDP and its co-ordinator, leaving the impression that this person will be responsible for all co-ordination and indeed "area management" of each programme.) (Best and McCloskey: 1978: pp. 838-839)

In an earlier article in the Community Health Bulletin the same two senior officers (McCloskey and Best: 1977) write:

> "The ECDC is a community based network of services for young children and their families. The ECDC seeks to build on to and to integrate existing services in accordance with the developmental needs of families with young children."

This general statement, in accord with the Consultative Council's approach, is then belied by the very specific discussion of Health Department services which follows.

Sources of more realistic understandings of the definition and scope of "ECDCs" include some "ECDC" job advertisements — for example, some co-ordinators' positions state that these workers

> "must be able to lead and motivate a number of officers, comprising **mostly paramedical staff,** participating in the programme". (My emphasis).

And the title of the Family Physician Article (1978: p. 837) "Early Childhood Development Programme — **Early Detection**" (my emphasis) also gives a better clue to what it really involves and focuses on, than the generalised objectives of fostering "child development . . . in an education context"; enriching "the social, emotional and physical environment"; detecting limiting conditions or "providing a family support service" for special needs. Such generalised objectives could easily apply to almost any other child and family services, such as the Community Welfare Services Department's family support services programme, or the Education Department's special education services. As such, they serve to add to the confusion about defining an ECDC. Recently the Health Commission has begun substituting the term Early Childhood Development Programme (ECDP) for ECDC, although without explanation except that "a programme is easier to understand than a complex".

In the Final Knox Project Report (Wadsworth: 1979) the use of the term ECDP is argued for in order to clarify the difference between the original Consultative Council's concept of an ECDC (or the whole children's services network in a local area) and the narrow concept of an ECDP (or the Health Department's contribution to such a whole network).

The Health Department component, the ECDP, is variously defined as just the medical and allied

medical staff — the "core" team of specialist consultants; or as this team **plus** the infant welfare, pre school and school medical services.

There is room for dispute over the inclusion of infant welfare services — since most Municipal Councils have been under the illusion that these were Council services; and the inclusion of pre schools — since most parent committees have also been under the illusion that these were **their** services; however, via the mighty hand of subsidy, it appears these are now openly claimed as Health Commission services.

It seems time to clarify the distinction between ECDP and ECDC once and for all.

To do so would mean the ECDP could at last "make sense" as yet another State Government agency — comparable to the Community Welfare Services Department's regional offices, or the Education Department's Counselling Guidance and Clinical Services branches — a centrally-controlled group of specialist staff with specific tasks to carry out for a specific population — the 100,000 referral catchment area (the wrongly named "community of interest") — for a particular age group.

No longer equatable with the whole network of local children's services, but firmly identified as one contribution to this, one component amongst many, it would mean that attention could at last be firmly turned towards the critical details involved in the ECDP itself. To date these details have been mixed up with the more fundamental critique and have tended to look petty in comparison. They include basic problems in roles and qualifications — for example the social work position — or overlap and fragmentation — such as the visiting child health nursing stream, or some consultant positions in areas where there are already other statutory departmental or community health services. There are many other aspects of the actual ECDP itself which have raised alarm in various quarters — for example the "writing in" of exploitation of sessional workers, generally women, who work and are **expected** to work beyond their paid hours as part of something curiously referred to as the "new volunteerism" (Best and McCloskey: 1978)

Yet is it realistic to view the ECDP as equivalent to other State Department contributions to a local children's services network? What of the ambiguity of location of some ECDPs within Municipal Councils, and with municipally employed co-ordinators.

This appears comparable to the unlikely situation of a Council employee co-ordinating a Community Welfare Services Department Regional Office, or one industry co-ordinating staff from another industry in private enterprise. Unthinkable? And so also for ECDPs, because while lip service is paid to day to day "co-ordination" of ECDPs by Municipal Officers, in fact these officers are under subsidy regulations which impair their local freedom, **and** other Health Department officers continue to relate directly (and increasingly) to a Health Commission structure of senior officers.

Ongoing development of integrated, co-ordinated, comprehensive, and local children's services networks with optimal participation by those for whom the services are intended, and optimal communication between those who are giving service, would appear to demand a fresh approach.

Where To From Here?

With the imminent regionalization of Health Commission services, regional Directors or Superintendents, and their back up administrative staff ought to assume many of the responsibilities currently carried by ECDP co-ordinators, and ECDP administrators. Directly employed Health Commission staff will presumably be more closely integrated into and rationalized within these regional boundaries which will probably supercede ECDP boundaries (and indeed all other idiosyncratic regions constructed by all the various sections and divisions of the Health Commission over recent years).

This is not to give "carte blanche" to Health Commission personnel to retreat into their own job definitions and priorities. The ongoing need is for them to be **more** accountable to the local areas in which they work, to be sensitive and **responsive** to local needs and to "work with" rather than "impose on" those communities in the areas to which they are appointed. A good model would be that offered by the Pre School Advisers.

Thus it is probably unrealistic to expect medical and allied medical specialist consultants to be transferred to local Councils' payrolls (and given the tightness of subsidy conditions foreshadowed by co-ordinators' positions, it is also probably undesirable). However, there are other non-medical positions which might be effectively located in Municipal Councils with **minimal** subsidy regulations such as those of social work, health education and co-ordination. The orientation of these roles, however, would need to change to be **flexible** about ages of people served and **generalist** in terms of the whole children's services network. That is, they would no longer work within the context of the ECDP, but would work in the context of **all** Council and local services: the original concept of an ECDC. It would, of course, be ideal if those municipal councils who have successfully integrated an ECDP with their other services, could take on direct employment of these personnel, however, it would probably require a radical change in government policy for this to take place.

For the ECDCs of the future, or the children's services networks or child development resource networks (a change in terminology is recommended in the **Final Knox**

Report: 1979 as the term ECDC has become so firmly identified with the Health Department, its usage in reference to the wider services network in a local area ought probably to be abandoned) a firm commitment is needed to a small scale and local area size no larger than that of a local government area (LGA).

An equally firm commitment is needed to the idea that such children's services and resources networks are the product of local people — local workers, local parents, local committees — sponsored by local Councils and representative of everything going on in that local area. ECDPs (as with other statutory and non statutory services) would be one part of this, but not dominant. Such resource networks need to be seen as comprehensive as suggested in the **Final Knox Report** (1979: diagram p. 177).

Additionally, the Health Commission will need to take part in officer-to-officer (not just senior level to senior level) communication with other statutory departments — Community Welfare Services, Youth Sport and Recreation, Housing, Local Government, etc. Workable mechanisms must be developed but not be so formal and governed by protocol as to be impenetrable and inoperable; the present multiplicity of committees must be simplified. Basically there must be an end to inter-departmental rivalry — co-operative human relations must replace organizational self aggrandizement, and the different professions need to develop some fundamental respect for each other's contributions.

A fundamental change is thus required **from** locating children's services, and the responsibility for them in the area of **health,** to locating these across all the areas to which they relate: health, education and welfare, statutory and non-statutory.

This poses problems to the present ministerial position for Early Childhood Development. Possibly

this position should be located as assisting all the relevant Ministers, or else be within the Premier's Department. Alternatively the original sub-committee to Cabinet, recommended by the Consultative Council on Pre School Child Development, could be set up and integrate the activities of all the various contributing departments, organizations and agencies.

Certainly a solution is sorely needed as various departments continue to set up their individual "answers" to a core need, for example in the area of child maltreatment. With the increasing pre-occupation of the Health Commission with "community health" and matters medical, it may also be time for a re-distribution of certain services more appropriately operational under other banners. For example, if pre school education can be guaranteed of its continuing unique identity and organization, it may be more comfortable with Education, while day care and other family support services such as home help, may be more appropriately integrated with Community Welfare Services.

It is time for change. Consolidation in some areas but re-orientation in others. The experiments have given some clear directions and they need now to be pursued.

Note: The term Health Department is used throughout this article (except where otherwise indicated) as the general context refers to the time span prior to the introduction of the Health Commission.

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