Integrated services in Australian early childhood education and care: what can we learn from our past?

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Abstract

Recent Australian interest in the integration of early childhood services is largely informed by international research and policy developments, particularly from the United Kingdom. Service integration is widely recognised as an effective means of holistically meeting the needs of children and families and ameliorating disadvantage. What is less well known is that Australia has a history of integrated early childhood services. This paper focuses on three points in 20th century Australia when advocacy for integrated early childhood service provision was evident: post-World War I when the first Mother and Baby Welfare Clinic was established; during the late 1930s to mid 1940s with the advent of the Lady Gowrie Centres; and in the 1970s when several reports recommended the integration and co-ordination of early years services. Attending to this history acknowledges this innovative Australian work, and provides potentially valuable, and somewhat cautionary, lessons for contemporary advocacy for integrated early childhood services.

Keywords: integrated services, early childhood education, history, policy
Introduction

Spurred by contemporary interest in integrated early childhood services, this paper highlights Australia’s history in this area. The paper especially focuses upon advocacy for, and provision of, early childhood education and care (ECEC) services that integrate a range of education, health and family supports. We argue that attention to this history is important, not only for acknowledging this innovative work, but also for the potential lessons that can be derived from it. As today, in the past, advocates for integrated services drew upon scientific, nationalistic and, to a lesser extent, social justice discourses, and provision was targeted at disadvantaged communities and driven by philanthropic organisations. However, such activity did not sustain government interest and investment. We suggest that reasons for the lack of sustainability include: divergent beliefs about the role of the state in intervening in the family; entrenched beliefs about the responsibility of mothers for the early care and education of their children; tensions between the role of health and education professionals in the early years; and fragmented service delivery systems across and between Commonwealth and State governments. Reflecting on this history, we caution that whilst nationalistic and scientific discourses have proven powerful for having the value of integrated services recognised, they may fail once again to sustain government support.

The paper begins by defining integrated early childhood education and care services and outlining contemporary provision in Australia. Next, it provides a brief rationale for the use of historical methods to explore contemporary provision and then discusses three pivotal periods in 20th century Australia when integrated services were either established or advocated. We conclude by suggesting alternative framings for integrated service delivery that situate the provision of these services within a child’s rights framework.

The contemporary context

This paper relies on a definition of integrated services we developed with colleagues and in close consultation with relevant professionals:

Integrated services provide access to multiple services to children and families in a cohesive and holistic way. They recognise the impact of family and community contexts on children’s development and learning and focus on improving outcomes for children, families and communities. Through respectful, collaborative relationships, they seek to maximise the impact of different disciplinary expertise in a shared intent to respond to family and community contexts (Press et al. 2010: 53).

Such services provide a range of child and family supports, including childcare and education, maternal and infant health, social work and early intervention. They can consist of co-located services and/or operate as ‘hubs’ (with services in different localities but highly connected).
Integration is promoted by researchers, service providers and policy makers as a way to respond effectively and efficiently to the diverse and often complex needs of children and families. Whilst collaboration, coordination and integration between and within services has potential benefits for all children and families (Mattessich et al. 2001; Corbett & Noyes 2008; Moore 2008; Edwards et al. 2009) integrated services are particularly valuable for families requiring a range of social and health supports, such as families with a child with a disability or those with mental health issues and those who are socially and/or culturally marginalised (Horwath & Morrison 2007; Easton et al. 2012).

The field of early intervention, in particular, has drawn attention to the need for a more systemic approach to the provision of services, especially for children with disabilities. Children with disabilities often have multiple needs (for example, physical, medical, social, financial and learning) requiring diverse services (for example, medical and allied health, social work, and education). Currently, many Australian early intervention services ‘stand alone’, providing only one specialised service, thus causing families to negotiate a complex and confusing array of services often with different funding arrangements, rules and restrictions (Moore 2008). Integration seeks to address service fragmentation so that families’ experience is seamless; they enter through ‘one door’ and either receive all they require in one place or are supported to transition into other services.

Throughout Australia, a number of long established not-for-profit early childhood service providers have developed integrated models in order to effectively meet their clients’ needs. In Western Australia, Ngala, which originated over 120 years ago as a philanthropic service for mothers and babies, has over the past decade reconfigured its service delivery to provide a range of universal, targeted and intensive services, including ECEC, parenting groups and overnight support for mothers and babies. Other examples of long established organisations developing integrated programmes can be found in other States, including bestchance Child and Family Care in Victoria, the Infant’s Home in New South Wales and Gowrie South Australia (Press et al. 2010).

Advocacy for integrated services in Australia tends to draw heavily on nationalist discourses to argue for their potential benefits to the state. The Australian Government’s Agenda for Early Childhood, for instance, ties integrated ECEC provision to workforce participation and productivity:

[the Agenda] focuses on providing Australian families with high-quality, accessible and affordable integrated early childhood education and child care. The agenda has a strong emphasis on connecting with schools to ensure all Australian children are fully prepared for learning and life. Investing in the health, education, development and care of our children benefits children and their families, our communities and the economy, and is critical to lifting workforce participation and delivering the Government’s productivity agenda (DEEWR 2011: np, emphasis ours).
This policy direction has been informed by overseas initiatives, particularly Sure Start and the establishment of Children’s Centres in the United Kingdom. Originally launched in 1998 under Blair’s New Labour Government, Sure Start reflected ‘a genuine impetus from government to create policy and resource programs which deliver greater integration of services for children and families’ with the battle-cry of joined-up solutions for joined-up problems (Nichols & Juvansuu 2008: 118). Sure Start Centres aimed to increase ‘the chances that children would enter school ready to learn, be academically successful in school, socially successful in their communities and occupationally successful when an adult’ (National Evaluation of Sure Start Research Team 2010: iii). Sure Start’s ultimate goal was to reduce social exclusion and enhance the life trajectory of disadvantaged children (Lewis 2011). Thus integration is tied to social justice objectives, in particular, ameliorating disadvantage.

Social justice concerns are also evident in Australian policy. For instance, the National Partnership Agreement on Indigenous Early Childhood Development, a major policy initiative of the Council of Australian Governments for achieving the Closing the Gap targets for Indigenous people, is based on the recognition that:

- a shared commitment to improvements in Indigenous child mortality requires better access to antenatal care, teenage reproductive and sexual health services, child and maternal health services and integrated child and family services which focus on quality early learning, child care and parent and family support (DEEWR 2011).

Under this agreement, ECEC integrated with family support services will be established in Indigenous communities regarded as highly disadvantaged (DEEWR 2011). Commitments to collaborative services as a way of addressing inequality can be found in State/Territory Government policies (Press et al. 2010) and within local government (see, for example, MVCC no date; Stronger Families Alliance no date). In some instances, plans for integrated service delivery have been informed by international rights documents. For example, the Moonee Valley City Council cites the United Nations’ Convention of the Rights of the Child as foundational to its Early Years Plan. This plan frames the integration of the Council’s family and children’s services and collaborative work between these and others in the local and regional area (MVCC no date).

Despite such recent activity in integration these services are not a new phenomenon in Australia. They have been trialled and espoused several times during the 20th century. As we demonstrate below, past advocacy for integrated services in Australia resonates with many contemporary arguments, yet was unsuccessful in attaining their widespread adoption or in sustaining Government support. Attention to this history can provide an alternative lens for considering contemporary practices. We begin by briefly outlining our reasons for drawing upon historical cases and explaining our methods.
Drawing upon history

Historical research ‘becomes significant when it connects with enduring dilemmas or current puzzles and in doing so helps one see the present in more depth’ (Langemann 2005: 17). Further, as Pierson argues ‘attention to processes that play out over considerable periods of time’ provides valuable lessons for policy (2005: 34). A history of the present provides a lens that can disrupt the natural, taken-for-grantedness of contemporary arguments for integrated early childhood service provision contributing to our understanding and problematisation of contemporary concepts, helping us to contemplate new possibilities (Baker 2001). The historian of the present should travel back in time and find ‘a moment of discontinuity – a moment when something new emerges’ (Kendall 2001: 26). Thus, we describe three ‘moments’ in 20th century Australia when integrated children’s services emerged or were advocated. The first is the establishment of the Woolloomooloo Mother and Baby Welfare Centre in 1921 in New South Wales. The second concerns advocacy for the expansion of the role of Infant Welfare Clinics, and the establishment of Lady Gowrie Centres from the 1930s to the mid-1940s. The latter offered a range of education and health services, and their funding marked the first significant investment in ECEC by the Commonwealth Government. The third is the release of three Government commissioned reports during the 1970s on ECEC, each of which recommended greater integration and co-ordination of early years’ services. At each of these periods, the rationales for integrated child and family services echoed the arguments of today: increased effectiveness for disadvantaged populations; and the achievement of goals related to nationhood and social justice.

As with much historical research, the identification of these three ‘moments’ was a combination of serendipity, the authors’ existing knowledge of the history of Australian ECEC and deliberate archival research. Searching the archives for a different historical project we became aware of the similarities between past and present constructs of integrated support for early childhood. Drawing on our knowledge of the history of Australian ECEC – informed most notably by Brennan’s comprehensive exploration of the politics of Australian childcare (1998); and Kelly (1988) and Walker’s (1964) histories of kindergartens and childcare – we followed several trails (Benjamin 2001), searching archives in the State Library of NSW and SDN Children’s Services. We do not suggest that the following account is exhaustive, nor that it constitutes a complete history of integrated early childhood services in Australia. Our intent in drawing attention to this history is both to recognise and acknowledge this innovative work, and to draw on these understandings to consider implications for contemporary provision and advocacy for integrated services.
The establishment of Woolloomooloo Mother and Baby Welfare Centre in 1921

The Woolloomooloo Mother and Baby Welfare Centre is quite possibly the first example of government support for integrated services in Australia. Framed largely within nationalist discourses this centre represented a significant shift to government intercession in child welfare. Its early demise suggests the tentative nature of this intervention.

In late 19th and early 20th century Australia, the state tended not to intervene in the essentially private domain of the family. Support for the welfare of working-class mothers and their children was largely left to philanthropic organisations (Walker 1964; Kelly 1988; Mellor 1990). However, Federation in 1901, and the aftermath of World War I, triggered a burgeoning interest in the welfare of Australia's young children. Children became regarded as 'future citizens' and, at a time when the country was focused on nation building, a legitimate target for government investment (Brennan 1998; Wong 2007).

Nationalist discourses were accompanied by growing understandings about children's development arising from the child-study movement – led by researchers such as G. Stanley Hall (White 1992). This research demonstrated that contrary to popular belief all children, including those from poor families, had potential. Hall argued that poor children were not born 'inferior' as was supposed at the time; rather it was the circumstances of their birth – or their environment – that led to their disadvantage (No Author 1987/1924). Further, Hall showed that improvements in children's environment led to better developmental outcomes. He also saw in each child's development evidence of the development of the human race – then considered a journey from 'primitive' to 'abstract, rational thinking intellectual' (White 1992). This posited children as manifestations of 'man's' potential for progress. Thus nationalist and scientific discourses combined to create a space within which intervention in the lives of poor mothers and babies was legitimised. One such intervention was The Woolloomooloo Mothers and Babies' Welfare Centre.

The Woolloomooloo Mothers and Babies' Welfare Centre, opened in October 1921 by Minister for Public Health and Motherhood, John Joseph McGirr, was established by the NSW Labor Government to support the voluntary efforts of several philanthropic organisations (the Kindergarten Union, the Sydney Day Nursery Association and The Royal Society for the Welfare of Mothers and Babies) operating services for children and families in the then poor suburb of Woolloomooloo. It was a purpose-built model service 'designed to meet the needs of the childlife and the mothers of the community' with the 'objects' of 'the saving and care of baby life' (Building 1921: 81).

Referred to as 'an Australian idea' (Building 1921: 81), innovative building design brought together a range of medical, early intervention, preventative health, and care and education facilities in one space. It was claimed at the time that such a thing had never been done before. The ground floor housed a kindergarten (run by Kindergarten Union) and a day nursery (run by Sydney...
Day Nursery Association). Facilities included: a large ‘circle’ room; a babies’ room; a toddlers’ room; a teachers’ room; indoor and outdoor play areas; a sleeping room; and an isolation room ‘where the wee ones may be isolated in case they develop measles, whooping cough or any of the complaints prevalent amongst those of tender years – here that can be treated and cared for scientifically’ (Building 1921: 83). The second floor housed a medical clinic and mother and baby clinic (run by The Royal Society for the Welfare of Mothers and Babies); a community milk depot providing milk from Government farms; an open-air play area; and day nursery staff living quarters. The Woolloomooloo Centre was referred to as ‘A home for children: building the nation’ and it was hoped that it would be a ‘forerunner ... of many such buildings’ (Building 1921: 81).

Unfortunately, the vision to expand these services was never realised. A new Nationalist/Progressive Coalition Government took office with a policy of fiscal restraint in 1922. No further centres were built, and the Woolloomooloo centre received only minimal and sporadic Government funding. Although it did not continue in its envisaged form, it did continue to operate as a Day Nursery and Kindergarten – and still operates as such today. Infant Welfare Clinics, on the other hand, which were based on medical models, continued to receive government support and expand, but were not integrated with early education and care services (Department of Health 1944).

The Woolloomooloo Centre was an early, albeit short lived, attempt to provide a range of ECEC and health services on one site, in one of Australia’s most deprived neighbourhoods of the time. It marked a significant shift in Government intervention in the lives of poor families. However, the cessation of funding to the service, failure to fund additional services, and the subsequent removal of ‘Motherhood’ from the portfolio of the Minister of Public Health (Cummins 1979) by the incoming Government, point to the tentative nature of this intervention. Government support for health services for mothers and young children continued to grow, despite a climate of fiscal restraint, suggesting that early childhood health was considered a legitimate province of Government. Conversely, Government provision of ECEC was minimal. Young children’s early learning and development, tied as it was to entrenched expectations of the role of women, was constructed as a private concern beyond the role of Government. Thus the provision of integrated ECEC and health services was no longer tenable.

The establishment of Lady Gowrie Centres and expansion of infant welfare centres (1936-45)

The 1930-40s was another period of forceful advocacy for integrated ECEC services which, once more, drew upon nationalistic and scientific discourses. Concerns about the poor health of the nation’s children and childhood morbidity gave rise to arguments for governments to expand and coordinate
early years services. Because of the holistic nature of children’s development in the early years, advocates argued that services should include both health and education.

By the 1930s, Infant Welfare Centres had done much to curb infant mortality, and medical services in schools had addressed many health needs of school-age children. However, there remained widespread malnutrition, underdevelopment, ill-health and disease amongst young children, especially those living in poverty, and this was exacerbated by the Depression (Brennan 1998). Pre-school aged children were particularly neglected in government policy. The NSW Department of Public Health, for example, notes in its annual publication *Our Babies* (1936: 27):

> While in New South Wales we do a great deal to promote the health and well-being of our mothers and babies, we do very little to safeguard the health of the pre-school child. Too often he is, in fact the neglected child.

Drawing on nationalistic concerns about the later cost burden of early childhood ill health, the paper goes on to argue (*Our Babies* 1936: 27 [original quote is in capitals]):

> IT IS GROSSLY UNECONOMIC ... TO ALLOW THE HEALTH AND STAMINA OF CHILDREN TO DETERIORATE TILL FIVE YEARS OLD AND THEN TO SPEND LARGE SUMS OF MONEY IN TRYING TO CURE THEM BETWEEN THE AGES OF 5 AND 15.

Despite many years campaigning by ECEC advocates (such as those within the Kindergarten Unions) for government investment, there were few ECEC services. Those that did exist were mostly provided by philanthropic organisations in disadvantaged areas and reliant on charitable donations (Brennan 1998). However, when ECEC advocates joined forces with health advocates, most particularly the newly formed (in 1936) National Health and Medical Research Council (NHMRC), and together argued for services that combined education and health, they were far more successful in lobbying the Commonwealth government. Child health was a major concern for the NHMRC from its inception and together with the Australian Association for Pre-School Child Development, the council lobbied for Commonwealth investment in a number of demonstration pre-schools. In 1938, Prime Minister Lyons (United Australia Party) wrote the following to the premiers of each State:

> It has been decided that a Demonstration Centre should be established in each Capital City at which not only will the methods of care and instruction of young children be tested and demonstrated, but also problems of physical growth, nutrition and development will be studied (cited in Cumpston and Heinig 1945: 2).
Named after Lady Gowrie, the wife of the then Governor-General and a strong advocate for early childhood services, a centre was established in a disadvantaged area of each of the six capital cities. Administered by the Australian Association for Pre-School Child Development, the Lady Gowrie Centres were to serve the ‘double purpose of the care and instruction of the young child and the study of growth, nutrition and bodily development’ and to provide ‘special advantages, physical, mental, emotional and spiritual and social’ (Cumpston & Heinig 1945: iii). Staff were expected to accommodate the holistic nature of children’s growth ‘[I]n short we are not mechanists or psychologists, nor doctors or teachers – but both. The child is not two things, body and mind, but one thing – a growing child’ (Cumpston & Henig 1945: 6, original emphasis).

As well as having medical suites and playrooms co-located within the building, the centres were co-terminous with other facilities such as schools (Perth), playgrounds (Brisbane) and Infant Welfare Centres (Melbourne).

The adjacent grouping of services for children and their parents will be seen as a distinct advantage. Children can go together to school and playgroups, parents can more readily confer with various staff members, and educational, health and recreation staff will find that this nearness greatly facilitates joint conferences in regard to problems of child guidance, and makes for continuity in child training (Cumpston & Heinig 1945: 26).

The centres offered opportunities for close medical supervision of well children and for gathering data on the health of children across the nation:

The Lady Gowrie Child Centres are therefore demonstration and research Centres, on the one hand schools carrying out a Pre-School Child Educational Programme, on the other hand health Centres in which the physical health and growth of the pre-school child are studied and promoted. The whole programme is correlated and can best be classed as a Programme for Pre-School Child Development (Cumpston & Heinig 1945: 7).

Lady Gowrie Child Centres marked the first significant Commonwealth investment in early childhood education services (Brennan 1998). Hopes were expressed that similar centres would come to be ‘an accepted part of national life’ (Cumpston & Heinig 1945: i). However, they did not expand beyond the six capital cities. This failure to expand was due in some part to their controversial nature. A number of politicians were opposed to the Centres on the grounds that they marked state interference in the private domain of the home and in particular troubled the ‘natural’ gendered division of labour (Brennan 1998; Reiger 1985). Commonwealth investment in Lady Gowrie Centres also engendered resentment amongst a number of ECEC organisations that had been active in poor communities for some time with little government support. Lady Gowrie Centres were more highly staffed, and pay and conditions for teachers were better than those in existing ECEC services, leading to fears that the Lady Gowrie Centres would poach the most
highly skilled staff from established services (Brennan 1998). Moreover, they were expensive. The Australian Government Social Welfare Commission Report (SWC 1974), reflecting on the establishment of these centres, argued that their additional expenses (due, for example, to the cost of employing staff with high qualifications) meant that they were considered too costly to be broadly replicable.

During the same period, the NSW Child Welfare Advisory Council (CWAC) released ‘The pre-school child: report 1944’. Echoing contemporary concerns, the report highlighted the ‘lack of co-ordination between existing agencies’ (CWAC 1944: 15). The CWAC consisted of eminent medical doctors, and representatives from NSW Government Departments and philanthropic ECEC organisations. It proposed expanding the number and scope of Infant Welfare Centres in recognition that: ‘The care of this age group is domiciliary, educational, occupational and medical, and requires suitably co-related medical, social and educational service’ (CWAC 1944: 19). The report went on:

The good infant welfare centre, besides providing a health service for mothers and babies, should also be an educational agency for the young mothers on all matters concerning the care and development of the pre-school child. If the centre incorporates, or is associated with any other pre-school child units such as toddlers waiting places, day nurseries, or nursery schools, then it may well become a group meeting place for young mothers (CWAC 1944: 43).

While advocating the need for support to parents, the report also reinforced mothers’ prime responsibility for childcare. Unfortunately, although the number of Infant Welfare Centres increased, many with ‘toddler waiting places’ (CWAC 1944: 35) (the forerunners to occasional care services), the vision of Infant Welfare Centres providing health, early education and care and social services was never realised.

The 1970s: three key reports

The final historical example we discuss concerns advocacy for integrated early childhood services within three reports released during the Whitlam era. The reports of the Australian Pre-School Committee (1973), the Australian Social Welfare Commission (1974) and the Priorities Review Staff (1974) all advocated ECEC services that included a range of aligned services, despite the fact each was vastly different in orientation and in the bulk of their recommendations. The 1970s marked a significant shift in Australian politics. The election of the Whitlam Labor Government (1972-75) heralded significant social and political reform, in areas such as education, women’s rights, Aboriginal rights, multi-culturalism and the arts. In particular, Whitlam championed active citizenry, community-participation and responsive government, and an accompanying expansion in the role of the Commonwealth in the provision of
a range of social services. Brennan considers this period as ‘a turning-point in the politics of child care and a period when crucial lessons about policy making, policy implementation and bureaucratic politics were learned’ (1998: 71).

The assent of the Child Care Act, 1972 gave the Commonwealth ‘major financial responsibility for the establishment and operation of approved pre-school centres and child care centres’ (APC 1973: iv). Recognising the inadequacy of child care facilities in Australia (childcare was only available to seven per cent of working mothers and single parents (Burns 1976; Cheeseright 1971)), Kim Beazley (Snr), Minister for Education (Labor), commissioned the Australian Pre-School Committee (APC) to ‘recommend measures … to ensure that all children be given an opportunity to undertake one year of pre-school education and that child care centres be provided for below school age children of working parents and underprivileged families’ (APC 1973: np).

Reflecting the social justice discourses dominant at that time, the APC report (referred to as the Fry Report after the Chair) identified the inadequacy of early childhood services, particularly for: migrant, Aboriginal, remote and isolated communities; children with disabilities; families in distress; single parent families or families where both parents worked; children in institutions; and in areas of high population density and new growth. It also noted the problematic division between care and education and the disjuncture between early childhood and primary education.

The Fry Report (APC 1973) attempted to outline a way forward in the provision of early childhood education and care in Australia. Drawing on a range of scientific discourses (primarily psychology) the Report established a set of ‘basic assumptions’ to underpin the provision of ECEC services, stressing the holistic nature of children’s growth and development, the heterogeneous and pluralistic nature of Australian society and the value of early education for supporting children’s later learning. Further, it drew on social justice arguments to frame children’s access to high quality early childhood services staffed by qualified early childhood teachers as ‘an undisputed right of all children’ especially noting that ‘Children in the years of early childhood have human rights identical with those of all other members of the community, and their needs are commensurate with those of older Australian children’ (APC 1973: 34).

Along with recommendations for the integration of pre-school and day care, and the integration of pre-school and primary school facilities, the report asserts the need for an integrated approach to early childhood service provision centred on education and care facilities:

just as the child is an indivisible person, so should the social action on his behalf be an integrated whole. A variety of support services – medical, dental, psychological, remedial – should be organised to work in close co-operation with the education and day-care services, to maximise the total well-being of every child entrusted to them (APC 1973: 41).
According to the report, this approach would facilitate co-operation between professionals and increase families’ access to a range of services efficiently and cost effectively.

The location of child health services and perhaps family counselling services as well within the same complex as a pre-school and/or day-care facility would allow the trained staff in each field to work in co-operation with one another, and to increase the total range of services provided. This arrangement would also be economic in terms of staff and would make assistance available, in the same centre, to a larger number of families (APC 1973: 62).

The report highlights issues that would need to be addressed to facilitate such integration, namely: problems with administration; the need for research to provide evidence of what works; the need for greater coordination and collaboration across disciplines in order to meet the holistic needs of the child and their family; and issues of where services should be located, that is, within schools, community based child services or health facilities.

Even before its release, the Fry Report attracted fierce criticism emanating from deep divisions between the pre-school movement and the childcare movement. Childcare lobbyists argued it was biased towards pre-school. In particular, its recommendations for childcare expansion were considered ‘grossly inadequate’ and ‘unnecessarily concerned’ with the professionalisation of staff by the report of the Priorities Review Staff (PRS), largely because it was incongruent with the community participation model dominant at the time (PRS 1974: 5). Finally, because the policy context had shifted significantly from when the Fry report was commissioned to when it was released, its recommendations were no longer aligned with the strategic directions of Government. The Fry Report’s recommendations for integrated early years’ provision, however, were not at issue. Indeed, recommendations for integrated services were reiterated in two subsequent reports designed to overcome the Fry Report’s ‘major deficiencies’ (PRS 1974: 1).

Given the ‘inadequacy’ of the Fry Report to inform its revised childcare policy, the Government commissioned the Social Welfare Commission (SWC) to prepare a new set of recommendations. Like the Fry Report, it recognised the holistic nature of children’s development, and taking a broad definition of early childhood services as ‘all those formalised methods directed towards assisting the family in some aspects of child care’ argued for the ‘coordination of health, welfare and educational components of early years services’ (SWC 1974: 13-14). In keeping with the community-development focus of the era, the report argued for local, community participation in service planning and development, drawing on the expertise of local government, local voluntary agents and families, supported by a ‘catalyst’ who would act as ‘an agent for change ... to stimulate the community’ (SWC 1974: 74). The SWC also recognised that integration would require sweeping changes to policy to enable greater co-ordination of services for families.
The need for a national policy on general services to the family is a matter of pressing concern. In its absence, recommendations pertinent only to child care needs must be regarded partial and fragmentary. A child care policy must be set in a broader context; one which takes account of housing, income maintenance, health, legal protection and education policies for the community as a whole (SWC 1974: 13, original emphasis).

The PRS, the Government’s ‘think tank’ (Brennan 1998: 86), was asked to consider both the Fry and SWC reports and provide advice on which recommendations should be considered and prioritised. The PRS recommended the adoption of the SWC Report ‘in principle’ (1973: 2, original italics). In particular, it upheld the SWC’s recommendations for greater integration of early years’ services endorsing the view that ‘pre-school and child care should be seen as part of a comprehensive approach to providing early childhood services’ (PRS 1974: 1). It, too, recognised that a major stumbling block to integration was the ‘vested interests’ of various Government departments ‘in particular types of services’ (for example, education, health, welfare), consequently recommending:

Reassignment of responsibility for co-ordinating and administering the program for the care and education and for its development as a part of comprehensive early childhood services to a Minister without vested interests in any specialised aspect of the program. Suitable candidates would be the Prime Minister, the deputy Prime Minister or the Special Minister of State (PRS 1974: 2)

The PRS further argued for the establishment of a Children’s Bureau that would report to the Minister.

In light of its negative reception from multiple quarters, the Fry Report recommendations were never implemented. The Committee responsible for the report was disbanded and the report was essentially ‘shelved’ (Burns 1976). However, Joan Fry did not give up her championing of integrated services. In 1977, for example, in an Opening Address to the Nursery School Teachers’ College, she continued to advocate integration of early childhood services, arguing that they were a ‘means of dispensing health and welfare services, providing parent education, work opportunities for women and a means of promoting educational success and preventing later school failure’ (Fry 1977: 6), arguments very similar to those of today. Nor were the recommendations of the SWC and PRS fully enacted. A change in Government to a conservative Liberal Party/National-Country Party Coalition saw a reduction in government expenditure, especially on social welfare, making integrated provision difficult to sustain.
Discussion

As identified previously, there is a groundswell of support for integrated early years programmes in contemporary Australia. At the same time, it is clear that Australian interest in integrated services is not new. Through recognising and revisiting Australia’s history in this area, we wish to acknowledge this pioneering work, and to use these vignettes of innovative early childhood policy in 20th century Australia as a reference point for further reflection. Much that we have presented thus far is a positive picture of these preceding initiatives, recognising their innovative nature and underpinning objective of improving the lives of very young children. However, it is equally important to acknowledge the long standing critiques of these (and related initiatives) to avoid replicating the mistakes of the past.

Significantly, the exclusion of children younger than six years from formal schooling in New South Wales in the 1890s entrenched the establishment of early childhood education outside the parameters of State education (Snow 1989; Mellor 1990). For many years, ECEC and associated programs such as the Woolloomooloo centre, resulted largely from the efforts of philanthropic organisations. This is still the case for many significant integrated programmes today. The development of these early services as philanthropic endeavours, rather than the responsibility of the state, positioned ECEC as a necessity for disadvantaged children and may have operated against the universal development of ECEC as a right for all children (Mellor 1990). Several historians have criticised the women who established these philanthropic organisations as ‘middle-class do-gooders’ who, in order to uphold their own place in the social hierarchy, constructed themselves as the ‘saviours’ of poor children and their mothers, who in turn were constructed as ‘needy’ and ‘inadequate’ (Reiger 1985; Kelly 1988).

Similarly, although the Lady Gowrie Centres were intended to be universal, they were established in working-class suburbs for ‘Australian’ (that is Anglo-Australian) children ‘without psychological, physical or mental defect’ (Brennan 1998: 41). In effect they became services for targeted communities that, at the same time, excluded those who were potentially the most marginalised – Aboriginal and migrant children, and children with a disability. Lady Gowrie staff regularly observed, weighed and measured children, often against their will, and engaged in the surveillance of their parents – particularly mothers (Brennan 1998). Not surprisingly therefore, the enmeshing of ECEC with the goals of nationhood and the subsequent legitimisation of intervention in the lives of children, has been criticised as objectifying children as resources and economic entities, valuable only as compliant, productive members of society (Canella 1999).

Further, in many of these early philanthropic welfare endeavours, the advice given to families was largely rendered by middle-class staff who upheld existing patriarchal practices and middle-class ideals that constructed childcare as women’s work (Pamphilon 1999). Moreover, focusing interventions on
individual children and their families placed the burden of responsibility on individual families and masked the social inequalities that led to the poverty and disadvantage in the first place, mitigating state responsibility for systemic social change (Reiger 1985).

At each period, integrated services, informed by scientific discourses, emerge as a solution to national concerns. Gender discourses – especially ideas about motherhood and women’s workforce participation – tended to constrain trends associated with ECEC expansion. Always at play are tensions between the role of the family and the state, including the appropriate demarcation between private and public responsibilities for children.

Nationalist discourses tied with economic arguments construct integrated services as an ‘investment’ beneficial for the nation. In the 1920s such investment was linked to supporting the health and developmental well-being of children as the future citizens of a new nation. Later in the century nationalism was evident in the criteria for attendance at the Lady Gowrie Centres which were targeted to ‘Australian born children of Australian born parents’ (Terrey & Ponsford, cited in Brennan 1994: 41). The concomitant expansion of Infant Welfare Centres during the 1940s was designed to support the nation’s war effort. The various reports of the 1970s were commissioned to address childcare needs associated with female workforce participation. Today, integrated early years provision is positioned as ‘critical to lifting workforce participation and delivering the Government’s productivity agenda’ (DEEWR 2011: np). Nationalist arguments tend to construct integrated services as sites of social engineering. Within today’s discourse, although workforce participation is undoubtedly critical for poverty reduction and greater social equity, integrated services become the place where Australia’s most under-performing can be ‘caught early’, ‘shaped’ and their ‘potential’ released. This framing reinforces a deficit oriented, targeted approach to service delivery and works against universal provision.

Whilst nationalistic arguments can legitimate investment in integrated service provision, paradoxically, such arguments can also be used to curb public spending on services, especially in times of fiscal restraint. The latter often reinforced by essentialised, gendered views that assign mothers with the prime responsibility for young children. Consequently, appealing to economic arguments to support integrated services may not be sustainable. Support for universal access to integrated services may only come once responsibility for childcare is constructed outside the discourse of motherhood.

There are sobering similarities between the challenges faced by former advocates and those of contemporary advocates. These include the need for: greater co-ordination across and between government departments and service providers; greater collaboration between diverse professions in ways that meet the holistic needs of children and their families; and health and early education especially to work more effectively together. These issues resonate as strongly today as they did in the past.
Despite similarities, the contemporary policy landscape is significantly changed, presenting a different set of possibilities and difficulties for the expansion of integrated services. Although contemporary Australia currently falls short of universal pre-school, the provision of early childhood education and care services is now widespread, a common rather than unusual feature of family and community life. Notwithstanding sporadic government interest, mainly in the area of pre-school, provision is largely the domain of philanthropic organisations, local government, small incorporated associations and more recently for-profit services. Unlike the services envisaged by early advocates, Australia’s supply of childcare in particular, is largely a commercial concern. Now, as in the past, philanthropic and other not-for-profit agencies are part of the latest wave of integrated early childhood provision. The complexities of bringing integration to scale, utilising a mixed economy of supply, are yet to be tested. Arguably, discourses which favour profit and competition, such as those which dominate marketised models of service delivery, constrain services from working in integrated and collaborative ways.

At the same time, a significant development of the late 20th century has been the development and ratification of the United Nations Convention on the Rights of the Child (UNCRC). As the most widely ratified human rights treaty (UNICEF 2005) the Convention provides global support for children’s rights. As a signatory, the Australian government is required to assess policies affecting children in the light of the rights articulated by the Convention. These fall into three categories: those of provision (so that all children have access to services such as health and education); protection (so that children are protected from abuse, exploitation and harm); and participation (so that children have the right to have their voices heard in the community and in relation to the decisions that affect them). A fundamental principle of UNCRC is expressed in Article 3 which states that ‘in all actions concerning children … the best interests of the child shall be a primary consideration’. Support for early years integrated services can be found from the United Nations Committee on the Rights of the Child (CRC) which has called for ‘recognition that young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realisation of these rights’ (CRC 2006: 1). The Committee advocates the development of coordinated, multisectoral strategies ‘to ensure that children’s best interests are always the starting point for service planning and provision’ (2006: 11).

The increased availability and utilisation of ECEC provides a base from which to build but the fragmented nature of provision works against systemic expansion. The effectiveness of early education and health interventions is acknowledged in much policy, and resonates with existing and prior arguments for such investment leading to long-term benefits for individuals and the nation. Yet as history reveals, similar past advocacy was only ever partially successful. Services such as the Woolloomooloo Mother and Baby Clinic and the Lady Gowrie Centres continue to operate (although not all as integrated services), but were never broadly replicated. Few of the recommendations of the Fry Report and those of the SWC were enacted. However, Australian early childhood policy
is increasingly referring to the UNCRC, for example, the *Early Years Learning Framework* (EYLF), the *National Framework for Protecting Australia’s Children 2009-2020*, and *Victorian Early Years Development and Learning Framework* (2009). The Convention and these subsequent developments represent a discursive shift in which children are embedded in policy as rights holders. This shift, coupled with the imperative to frame policy around children’s best interests, is additional leverage for the systemic provision of integrated services in which children and families have access to a range of health, social and educational supports.

Integrated early childhood services in Australia are a recent policy initiative with a long history. By acknowledging this history we pay tribute to the intellectual and visionary work and advocacy that precedes today’s developments. By considering these past ideas and innovations we have another way to understand the present and to re-envision the future.

**References**


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Endnotes

1 Referred to as Mothers and Babies Welfare Depot Woolloomooloo on the original plans.
2 School medical services were established in 1907 with the appointment of two part-time medical officers, had been established largely so that ‘the future citizens of the State may be equipped as thoroughly as possible for the battle of life’ (Australian Medical Gazette 1913: 174-5, cited in Tyler 2011: 3). A Medical Branch within the Department of Public Instruction, was created in 1913 and the first Chief Medical Inspector appointed (Tyler 2011).
3 Published annually from at least 1931 to 1952 this magazine style publication (with every other page used for advertising), was targeted at mothers and provided information on infant and child care.
4 This document was a joint publication of the Australian Association for Pre-School Child Development (AAPSCD; established in 1938 as a national body representing state kindergarten organisations to facilitate lobbying at the Federal Government level. It was later known as the Australian Pre-School Association, the Australian Early Childhood Association and now Early Childhood Australia) and the Commonwealth Department of Health. Its intended audience was ‘all sections of the community desiring information on the subject of pre-school child development’ (Cumpston & Heinig 1945: iii) and it was intended to support the development of new centres. Dr. J.H.L. Cumpston, Director-General of Health, worked closely over several years with Christine M. Heinig, a strong advocate for early education and the first Federal Education Officer of the AAPSCD (a position funded by the Commonwealth Government but under the direction of the AAPSCD), to establish demonstration centres, later known as Lady Gowrie centres (Jackson-Nakano no date).
5 The Social Welfare Commission was created by the Whitlam Labor Government in 1972, and chaired by Marie Coleman – formerly the Director of the Victorian Council of Social Services. Brennan (1998: 73) states that ‘its role was to advise the government on the effectiveness of programs in the welfare field and to recommend appropriate initiatives’. The Commission was abolished in 1975 following the election of the Fraser Liberal-Coalition Government.