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The Inspir=Ed Project
A Holistic Early Childhood Program for Enhancing Parent-Child Well-being

By Jane Hanckel and Leonie Segal

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All Indigenous communities have a time-tested child-rearing knowledge base that reflects and honors their cultural beliefs and historical experiences. Many of these communities emphasize group harmony and collaboration and respect for the natural environment—competencies that are increasingly important on our crowded and depleted planet. Unfortunately, Indigenous peoples are often marginalized within their own countries, and experience disproportionately high rates of poverty. Poverty and the associated lack of access to nutritious food, quality health care services, and education can prevent children from reaching their full potential. The authors of this article consider how to integrate Indigenous knowledge, spirituality, and priorities with research-based best practices for education and development. They describe a program that uses culturally relevant materials, storytelling, and music to encourage parent-child bonding and positive familial and community interactions, all designed to contribute to optimal child development in disadvantaged Aboriginal communities in Australia.
n 1998, the first author learned about a holistic, ecological, and nurturing education approach with a focus on creativity, imagination, inspiration, and a love and respect for children, family, community, and the environment. Central to the Waldorf-Steiner approach is acknowledgment of the whole child, the importance of children’s connection to the natural world, and the spirituality in each child. In 1998, the World Health Organization proposed adding spirituality as a dimension of health and well-being, joining the physical, mental, and social dimensions (Dhar, Chaturvedi, & Nandan, 2011). In 2004, the first author began exploring how the holistic approach she had observed could be developed into a playgroup program to enhance the health and well-being of children and their families, especially in the context of multiple disadvantage that disrupts the quality of the parent-child relationship. This led to the development of the Inspi=Ed Project to address the need for culturally appropriate holistic, flexible, and innovative programs. The project has been embraced by Aboriginal families and communities.

Background
Early parental nurturing is crucial for optimal child development and well-being. Parental nurturing is linked to the development of key areas of the brain related to memory, learning, and stress response (Luby et al., 2012). Elevated levels of cortisol, a result of stress (often related to distressing parent-child relationships), have been linked to long-term difficulties in children’s self-regulation and emotional regulation (Manne, 2008; O’Connor, Heron, Golding, Beveridge, & Glover, 2002). Maternal nurturance can be protective for children exposed to poverty (Miller et al., 2011), and parental warmth and loving relationships are linked to improved health outcomes in later life (Carroll et al., 2013). The early years are vitally important for nurturing the physical, mental, and social potential of the growing child, setting the course for the rest of their lives (McCain, Mustard, & Shanker, 2007).

High-quality early childhood education has been found to support healthy child development and well-being, especially for children from vulnerable and disadvantaged families (Holzer, Higgins, Bromfield, & Higgins, 2006; Melhuish, 2003). Parental involvement in high-quality early childhood intervention programs, through parent-child center-based activities, has been shown to enhance parent-child relationships and improves physical and psychological well-being for parents and children alike (Bradley & Vandell, 2007; Chang, Park, Singh, & Sung, 2009; Duncan & Sojourner, 2012). Positive outcomes from comprehensive early childhood programs have been achieved for children and parents who have experienced trauma and violence (Miranda, Arthur, Milan, Mahoney, & Perry, 1998).

The quality of the early childhood environment is crucial. Maxwell (2007) observed how the competency of 3-year-olds was related to the quality of their physical environment. Poor-quality child care has been shown to compound long-term negative effects and entrench antisocial behavior for socially disadvantaged children (Melhuish, 2003; Milteer, Ginsburg, Council on Communications and Media Committee on Psychosocial Aspects of Child Family Health, & Mulligan, 2012). The National Institute of Child Health and Human Development, Early Child Care Research Network (2003) reported that the increasing time children spend in child care can negatively impact on parent-child sensitivity and attunement.

Although the need for holistic, culturally sensitive preschool and parent education for Indigenous populations is widely acknowledged (UNESCO, 2010; United Nations Office of the Commissioner for Human Rights [UNOCHR], 1990), few such programs are available. Empirically researched parenting interventions in Australia, such as Triple P, Parent-Child Interaction Therapy, and Home Interaction Program for Parents and Youngsters (HIPPY), have had some reported success, but in principally mainstream populations (Sanders, Cann, & Markie-Dadds, 2003), with only limited empirical evidence available regarding programs for at-risk Indigenous populations. The few empirically researched parent interventions producing some positive outcomes for Indigenous families are the Nurse-Family Partnership, Indigenous Triple P, Let’s Start, and HIPPY (Bowes & Grace, 2014). We find an essential conflict with the mainstream service model, including a lack of understanding and respect for Indigenous knowledge and cultural practices that hinders the wider provision of appropriate services.

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Introduction to the Inspir=Ed Program
The Inspir=Ed Project, which has been developed by the first author and delivered by the Spirit of Childhood Foundation, is a nature-based, holistic parent-child early education program incorporating a professional development program for community and affiliated health and early childhood educators. The aim is to enhance nurturing relationships between parents and their children and improve child development through a coherent approach that pays specific attention to creative opportunities for joyful and loving parent-child interactions, the quality of the physical environment, and healthy nutrition.

The program is designed for children from birth to 5 years of age and their parents, targeting families from socially and economically disadvantaged communities. The program runs once a week for three hours in nine-week blocks, paralleling the school terms. Elders, aunts and uncles, brothers and sisters, and friends are welcomed and encouraged to participate. The children and parents, in groups of 10 to 20, can attend the program for one or more nine-week blocks. The program is jointly facilitated by an Inspir=Ed facilitator certified in Inspir=Ed’s Early Childhood Education training and an Aboriginal facilitator. The program requires preparation time of three to five hours per week, depending on the activities.

Seven core enrichment elements have been carefully selected for the Inspir=Ed program, reflecting current understandings of what is required to optimize early education outcomes for at-risk and other preschool children and to enhance nurturing parent-child interactions. The seven enrichment elements are: Connection to Nature; Creativity and Free Imaginative Play; Healthy Nutrition; Healing Arts and Crafts; Music, Songs, Games, and Stories; Rhythm; and Experiential Learning. How and why each of these elements has been incorporated into the program is described below.

Connection to Nature
“Being in and caring for nature can be health promoting for individuals, families, communities, ecosystems and the planet.” (Hansen-Ketchum & Halpenny, 2011, p. 100)

The Inspir=Ed learning space is a simple, uncluttered, nature-based environment. The inside environment is notable for the use of only natural materials and carefully chosen toys, such as simple handmade toys, dolls, and blocks made from cotton, wool, silk, timber, and bamboo. Plain, pastel colors are primary features of the interior space, along with simple wooden shelves, play stands, furniture, and soft woolen or cotton rugs. The aim is to create a calming and uncluttered environment, with sufficient opportunities for play, to provide a restful space for people whose living spaces are often over-crowded and chaotic.

Outdoors, the nature-based play environment provides a space where children can build cubby houses; play with water, sand, and dirt; tend gardens; and engage in a variety of creative and imaginative nature-based play activities. In both inside and outside environments, plastic, technological, and brightly colored toys are avoided.

The connection to nature element of the program is based on the philosophy that children’s development, learning, and relationships thrive in calm, quiet, peaceful, predictable, familiar, and unhurried natural environments—environments that recognize children’s connectedness to all that surrounds them, their sensory awareness, and the healing power of nature. The nature-based environment becomes more than simply a space—it helps foster positive child behavior, parental warmth, and sensitivity. Parents have the opportunity to observe how a simple, uncluttered, nature-based environment can positively affect children’s behavior and well-being.

The positive effect of a connection to nature on health and well-being has been extensively documented (Blanchet-Cohen & Elliot, 2011; UNOCHR, 1990, 2001). Louv (2005) argues that a large percentage of children suffer from “nature-deficit disorder.” Disconnection from nature damages and affects not only children but also adults, families, and communities. Taylor and Kuo (2009) note that time in nature can help alleviate children’s attention deficit disorder symptoms. Burgess, Johnston, Bowman, and Whitehead (2005) observe that Indigenous cultures’ connection to and caring for country is a key determinant of health.

Nature-based play environments are also beneficial for the child and parent by reducing exposure to indoor and outdoor air pollution and toxins. Extensive research links chemicals such as bisphenol A, phthalates, polybrominated diphenyl ethers, and other toxins, which can be found in children’s toys and furnishings, to behavioral and health problems in children, such as hormone disruption, heart disease, and cancer (The Endocrine Disruption Exchange, 2014). Children are more vulnerable to the effect of environmental toxins found in food, water, and air. As a proportion to their bodyweight, they eat, drink, and breathe more than adults. In addition, the
nature of children’s play—close to the ground and often involving hand-mouth behavior—increases their potential exposure to chemical residues (Grass Roots Environmental Education, 2013).

Creativity and Free Imaginative Play

“Play promotes cognitive development, social development, language development, physical fitness and health, learning and coping with trauma. The therapeutic qualities of play are extensive, operating wherever play occurs, and contributing to a wide range of healing processes.” (Frost, 2006, p. 6)

During the Inspir=Ed program, children’s free imaginative play and creativity are fostered, particularly when they first arrive, during parents’ craft time, and during outside playtime. Imaginative play fosters children’s creativity, physical development, psychological health, and neural pathway development (Ginsburg, 2007; Isbell & Raines, 2013). Creativity involves imagination, originality, and problem solving (Sharp, 2004), all of which are valuable skills for children and families facing multiple stress factors.

Creative playtime allows “parents to be fully engaged with their children, to bond with their children, and to see the world from the perspective of their child” (Milteer et al., 2012). Creativity can enhance an individual’s self-esteem and provide a sense of overall achievement (Robinson, 1999). Frost (2006) notes that creativity and imagination, accessed through play, are powerful tools for learning and transformation; “play promotes cognitive development, social development, language development, physical fitness and health, learning and coping with trauma. The therapeutic qualities of play are extensive, operating wherever play occurs, and contributing to a wide range of healing processes” (p. 6).

Ginsburg (2007) observes that despite the benefits to be derived from play for both children and parents, time for free play has been markedly reduced for many children (p. 182). Play has been documented to reduce mental and behavioral health disparities seen among children living in poverty (Milteer et al., 2012). Yet socioeconomic obstacles often prevent children in disadvantaged communities from accessing free imaginative play. They often must take on care responsibilities for siblings, or may suffer from lethargy due to lack of sleep, poor nutrition, or ill health. Milteer et al. (2012) note that “for children who are under-resourced to reach their highest potential, it is essential that parents, educators, and paediatricians recognize the importance of lifelong benefits that children gain from play” (p. e204).

Healthy Nutrition

“Shifting dietary emphasis . . . to plant-based nutrition combined with a reduction in refined sugar intake has the potential to exact wide-reaching public health benefits. Less obesity, less ischemic heart disease, less cancer, less diabetes, less Alzheimer disease. . . . Food for thought . . . ?” (Grant, 2012)

Four healthy nutrition activities are integrated into the Inspir=Ed program: children and parents help grow and harvest food from the community kitchen garden (if available) for morning “fruit time” and lunch (using seasonal produce); the parents and children help prepare and share fresh fruit at morning fruit time; parents and children prepare bread for baking—kneading and shaping the prepared bread dough together; the parents, carers, and children join together in a shared nutritious lunch with a focus on plant-based seasonal, local, organic whole foods. Fresh filtered water is also provided.

This element of the program provides positive replicable models of healthy nutrition and examples of shared “family” mealtimes that parents can replicate in their own homes. Parents are provided with recipes and practical examples to help them integrate healthy food choices and activities into their family environment. Regular family mealtimes have been linked to improved nutritional health of children (Hammons & Fiese, 2011).

Healthy nutrition is often challenging for children and families from low socioeconomic status backgrounds (Black et al., 2012), who can be particularly vulnerable to persistent marketing of processed and packaged food, may lack skills or confidence in food preparation and cooking, or may lack facilities for secure and safe storage and preparation of food. Poor diets and poor food choices are often the norm for disadvantaged families. The Inspir=Ed program is specifically designed to address these modifiable factors. Recent studies indicate a strong link between diet quality and mental health (Jacka et al., 2010). Diet is slowly being recognized as a core element of treatment for child behavioral disorders. At the most simple level, the body (including the brain) needs more than calories to function properly; it also requires specific nutrients that are readily obtainable from a balanced diet, but missing from a poor-quality diet. The issue of diet is about what children are not getting (e.g., fresh vegetables, fruit, protein, dairy), as well as what they are consuming in too high quantities. Schnoll, Burshteyn, and Cea-Aravena (2003) found that high consumption of food additives and refined sugars, food

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sensitivities/allergies, and fatty acid deficiencies were linked to attention deficit hyperactivity disorder (ADHD) and that changes of diet could play a significant role in the management of ADHD (Pelsser et al., 2011). Sweetened and sugar-laden soft drinks or high sugar consumption have been linked to highly aggressive, inattentive, and withdrawn behaviors in young children (Suglia, Solnick, & Hemenway, 2013). Goldman, Lerman, Contois, and Udall (1986) in an investigation of the effect of sugar consumption on preschool children, found that children’s behavior and performance declined in a structured testing situation following consumption of a sugary drink. Highly processed and packaged foods and foods prepared with additives and preservatives are more likely to contain chemicals such as bisphenol A, phthalates, and pesticides, which have been linked to disturbed behaviors in children as well as hormonal disruption and metabolic diseases (The Endocrine Disruption Exchange, 2014; vom Saal et al., 2007).

**Healing Arts and Crafts**

“Craft is a word which captures how the human spirit interacts with our environment and resources. . . . Craft is vital to our sense of humaness in this ever changing world.” (K. Murray, Executive Director, Craft Victoria, personal communication, 15 June 2006)

Healing Arts and Crafts are incorporated into the InspirEd program through a child-focused craft activity and a parent-focused craft activity. The child-focused activity is guided by the facilitator and involves the children with their parents in activities such as painting, beeswax modeling, and creating with natural materials (e.g., leaves, twigs, and seed pods). The arts and craft activities for the parents include basket weaving, simple doll making, knitting, crocheting, felting, and wood carving. In the adult craft activity, the parents gain practical skills they can take back into their home environment, such as mending, sewing, and making simple toys for their children. Parents have an opportunity to experience a transformation of their role from consumer to creative producer of their children’s toys and resources.

The art and craft element of the program provides a time for the parents to attend to their own creative activity, while sharing their parenting concerns with the facilitator, the support staff, and other parents and building new social networks. During the parents’ craft time, the children engage in free imaginative play nearby supervised by an assistant. For many parents, the craft activity is also an important opportunity to practice balancing their own needs with the needs of their children, providing a time in which their children are not “clingy” and instead are engaging in independent play.

Studies about creative and expressive arts show that they can aid group cohesion and can also assist in developing self-esteem, improving socialization and psychosocial functioning, and fostering the development of self-awareness and self-expression (Recollet, Coholic, & Cote-Meek, 2009). Recollet and colleagues (2009) also note that creative arts allow for the expression of feelings, thoughts, and behaviors that otherwise would remain unexpressed or difficult to access or understand. Quality, arts-rich programs have been linked to improved health and well-being for children and adults alike (Caterall, 2009; Miranda et al., 1998).

Arts activities have been widely documented in helping children deal with trauma, as illustrated by the Civitas Healing Arts project that found artistic activities were effective in providing enrichment and therapeutic services to maltreated children (Miranda et al., 1998). Activities such as drawing, painting, making music, or playing with puppets have been shown to help ease children’s anxiety (Carey, 2006).

**Music, Songs, Games, and Stories**

“Lullabies have been used to soothe babies throughout recorded history. . . . Singing lowered heart rate, improved oxygen saturation and reduced distressed behaviors.” (Coleman, Pratt, Stoddard, Gerstmann, & Abel, 1997)

Music, songs, games, and stories are incorporated into the program through Introductory Circle Time, lasting five to 10 minutes depending on the ages of the children; Activity Songs, used throughout the program in conjunction with activities such as bread making or beeswax modeling and to aid transitions (e.g., tidying up, sleep, and settling); Short Story Time, a simple puppet show for children and parents; and Second Circle Time, with finger and hand gesture games, which occurs toward the end of the program.

The facilitator leads the songs and finger and hand gesture game activities. The songs and games are therapeutic in nature and are selected to correspond to the children’s ages and developmental stages. The songs and games are repeated over the program so that the parents and children have the opportunity to learn them.

The stories include local, culturally appropriate stories told as simple puppet shows for parents and children. Often selected for their relevance to everyday issues in the lives of the parents and children, the stories are repeated weekly for three
to four weeks; parents are encouraged to retell the stories at home. The puppets and props used in the story are simple and nature based, including pieces of hand-dyed cotton or silk cloths, leaves, and twigs. The puppets are often made during craft time so that parents can use them during story time at home.

**Singing and Music:** The role of singing and music in promoting parent-child bonding and attachment and child development is well documented (Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008), with studies showing that infants prefer their mother’s voice. Coleman et al. (1997) note the successful use of lullabies to quiet and calm babies, and that singing lullabies “lowered heart rate, improved oxygen saturation and reduced distress behaviors” (p. 4). Frohnmayer (1994) observed that “music dramatically improves a child’s concentration and memory skills, verbal abilities, motor coordination and social behavior. . . . It is critical to emotional development” (p. 27). Mackinlay and Baker (2005) observe that young mothers learning lullabies gain skills to quiet and calm their children as well as quieting and calming themselves. Songs and lullabies are used in Aboriginal communities to aid children’s sleep. Mackinlay (1999) notes that in the Aboriginal community of Borroloola, Southeast Arnhem Land, “a specific series of songs . . . are said to have the power to send children to sleep and [their] origins are said by [the] Yanyuwa [tribe] to have come from the spiritual world of the Dreamings” (p. 105). Heyworth (2013) observes that music is a universal language and that use of music can enhance self-esteem and development of social skills and well-being. Music therapy has been shown to be beneficial for children with a range of developmental and behavioral concerns (Boso, Emanuelle, Minazzi, Abbamonte, & Politi, 2007; Groß, Linden, & Ostermann, 2010). Significant effects in the form of improved behavioral self-regulation were found in a “circle time” intervention for children from low socioeconomic status families in the United States (Tominey & McClelland, 2011).

**Hand and Gesture Games:** Therapeutic hand and gesture games can calm and quieten restless, disturbed children. Mišurcová (2006) observes that children’s traditional games “have an irreplaceable role in rearing practices for babies, because they satisfy specific needs of development at this age . . . . The mutual, emotional relation of mother and child is one of the starting points enabling [the child’s] full and healthy development” (p. 80).

It is widely acknowledged that story telling is a powerful educational tool for young children. Traditional myths, legends, and stories teach children about their cultural heritage, traditional wisdom and ways of life, survival, and endurance. McLennan and Khavarpour (2004) found that storytelling and ceremonies as an element of spirituality and culture have strong links to

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individual and community well-being. Music and the arts have been found to be powerful healing forces—“they help people to identify and find meaning in their lives by becoming more sensitive to something more powerful and majestic than themselves” (Goldberg, 1997, p. 42).

**Rhythm - a balanced sense of being**

“All life processes are rhythmic—from the great cosmic rhythms of the planets, the rhythms of the seasons in the year, of birds nesting or migrating, of day and night, to the individual human rhythms of heartbeat, breathing and blood pulses. Within these rhythms we have our existence, and our well-being depends largely upon whether we can incorporate this rhythmic principle into our life.” (Cherry & Hanckel, 2015)

Four harmonious and flexible rhythmical features can be found in the program: Daily Rhythm, as the core enrichment elements are delivered in the same order and time each week; Weekly Rhythm, as the elements are consistent across the nine-week program period; Relational Rhythm, with the celebration of birthdays and special occasions throughout the year; and Seasonal Rhythm, with celebration of the local Indigenous culture and other appropriate seasons, cycles, and festivals.

The harmonious rhythm of the program provides a sense of safety and security. Parents see how gentle rhythm and repetition can be used to reduce behavioral problems and improve children’s general well-being. Through the program rhythms, parents experience, often for the first time, a sense of calmness, peace, stillness, and self-awareness. Plato said the rhythm and harmony find their way into the inward places of the soul (Frohnmayer, 1994, p. 28).

Chaotic, unstable, and unpredictable environments are often the norm for children from highly disadvantaged communities. Excessive screen time disconnects and disrupts family life, negatively affecting parent-child relationships. Research has found that consistent family routines are related to improved child health and behavior (Keltner, 1992; Lanza & Drabick, 2011).

The Inspir=Ed program supports the introduction of rhythm into the home environment, in turn supporting more regular family mealtimes and better sleep patterns for children. Regular bedtimes have been shown to significantly improve children’s academic achievement and social and emotional well-being (Cooper, Kohler, & Blunden, 2012). Hiscock and Wake (2002) report that depression is more likely in women whose children have sleep problems. Miranda et al. (1998) found that a strong flexible rhythm in their program for young traumatized children helped the children not only cope but even excel in classroom settings.

**Experiential Learning**

“Research indicates that we remember 20% of what we hear; 40% of what we hear and see, but 75% of what we see, hear and do. In other words, people of all ages learn best when invited to actively participate in learning, are challenged and have fun in the process.” (Bartley, 1997, p. 36)

Experiential learning is the mode of learning across the Inspir=Ed program. Experiential learning is brought into the program through the activities, but also, and most importantly, through the way of relating. The plan for delivering the program elements and actively engaging the parents and their children is determined jointly by the Inspir=Ed facilitator and the local Indigenous facilitator. The facilitator’s role is to create a calm, relaxing, and engaging nature-based play environment and atmosphere; a healthy nutrition program; songs, games, stories, and art and craft activities guided by the seasons; and parental involvement in activities to foster parent-child bonding. Combined, these elements create a profound experiential learning opportunity.

Community consultation is essential, with the specific requirements of the community incorporated into program planning. The Indigenous facilitator and the Inspir=Ed facilitator model respectful engagement with each other, the parents, the children, and the community. The aim is to support positive parent and child relationships through the practice of loving connection and caring and respectful ways of relating.

As described earlier, the program moves through a series of participatory activities for the parents and children, notably through the “living arts” (Male, 2006): the domestic arts of baking, preparing food for shared morning tea, sewing, and cleaning; the creative arts of making toys, felting and painting; the social and nurturing arts—songs, games, and stories; ecological and sustainable living arts—living ecologically and respectfully with the environment. Through these elements families become enabled to integrate simple and affordable healthful practices into the family home that incorporate local cultural knowledge and practices. The facilitators provide gentle and nurturing guidance for the children and parents. A calm, positive approach is used to guide the children and parents through all the elements of the programs. It is important that the facilitators pay particular attention to their own emotions and feelings.
Experiential education, based on quality relationships, is valued in the learning process (Rayna & Laevers, 2011). Central to the Inspir=Ed program is the acknowledgment of the spirituality of children, along with theories of positivity and “loving kindness” (Fredrickson, 2001, 2013). De Vignemont and Singer (2006) found that brain imaging results suggest that individuals automatically share the emotions of others when exposed to them; Dossey (2013) also reports evidence that our thoughts, emotions, and behaviors have collective existence.

The National Scientific Council on the Developing Child (2004) notes that “young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development” (p. 1). For Aboriginal children, “relationships are not only with people but with their environment: the land, the animals, the plants, the skies, the waters, the weather and the spirits” (Secretariat of National Aboriginal and Islander Child Care, 2013).

Combined, the seven Inspir=Ed core enrichment elements are designed to strengthen parent-child loving bonds and facilitate positive child development. The program foundation is based on acknowledgment of the healing role of love and spirituality. As Cumes (2013) noted, “The universal healing energy that is channeled through . . . any true healer is just love in disguise—to heal, one must open the heart. There is a veil between the worlds; between matter and spirit, between this and that. Key to opening up the veil is love” (p. 59).

Discussion

The Inspir=Ed project has been implemented successfully in seven socially and economically disadvantaged communities in Australia—three Aboriginal (in Sydney, Wyong, and Ballina) and four non-Indigenous communities (in Sydney, Lismore, Murwillumbah, and Mount Warning) between 2007 and 2011. Target families included single parents and families with histories of domestic violence, abuse, and mental illness. The program met with a high level of acceptance from the communities and families, with case-study evidence indicating significant improvements in the behavior and well-being of participants (for case study material, download pdf from http://tinyurl.com/nhyc6vv or contact editorial@acei.org). Wide-spread introduction of the Inspir=Ed program requires greater recognition at the senior policy level of the value of a holistic approach. What we have tried to do here is clearly define the core elements of a nature-based holistic approach to early childhood education and engagement, which we suggest needs to incorporate the seven elements described here in an integrated way.

Removing any of the elements will undermine the integrity of the program and the potential learning and developmental opportunity for young children and their parents. We would contend that the Inspir=Ed program has the most to offer families experiencing multiple disadvantage, but benefits would be realized just as much in the wider society. It is noted that although spirituality is tentatively making its way into the public discourse about health and well-being, considerable resistance may be encountered in mainstream services. However, the Aboriginal communities, which have been subject to the effects of Western colonization in health and education (Coates, Gray, & Hetherington, 2006), have welcomed a broader, holistic, sacred, and secular understanding of education, health, and well-being.

Spirituality was proposed as a fourth dimension of health in 1998 by the World Health Organization:

> From the inception, it was felt that the fourth dimension of health was missing from its definition. The special group of the WHO Executive Board (1998) proposed that the Preamble of the Constitution should be amended as follows: “Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.” (From a speech by Yach to the World Health Assembly May 1998, as reported by Dhar, Chaturvedi, & Nandan, 2011).

Similarly, a child’s right to access information and material aimed “at the promotion of his or her social, spiritual and moral well-being and physical and mental health” is documented in the United Nations Convention on the Rights of the Child (UNOCHR, 2001). In Indigenous communities, nurturing the child’s spirit is an important goal (Ball, 2012). “Health for Indigenous people is viewed within a holistic and community lifestyle framework, which is related to both past and present issues, and it is not necessarily individualized or compartmentalized” (Brown, 2001, p. 33).

Adoption of holistic approaches to early childhood can be frustrated by portfolio- and program-based approaches to service funding and delivery. We also note that competition around funding and the competitive tendering processes can be a barrier to community cross-collaboration, promoting “client capture,” lack of service integration, and non-referral of
clients to other programs. Nevertheless, newly established Aboriginal child-parent centers (AMA Taskforce on Indigenous Health, 2013) increasingly work across portfolios of health, education, and children’s and family services in disadvantaged communities. The Inspir=Ed program is consistent with this direction.

Emerging neuroscience has shed new light on children’s development—the most significant being the importance of experience and “stimulation” in the child’s first three years. Toy manufacturers have appropriated and distorted that message (Twardosz, 2012), promoting the idea that children need to be surrounded by stimulating, colorful “educational” toys and materials. This is still a strong preference among parents and child care professionals (Carlsson-Paige, 2008). In the United States, $22 billion is spent annually on toys (Toy Association Inc., 2012), even though children require very few toys or resources to create a rich, imaginative world. Walking in the park, playing in the backyard with sheets and sticks to make a cubby house, and making mud pies all contribute to children’s well-being at little expense. J. F. Kennedy remarked, “Gross domestic product does not capture the health of our children, the quality of their education, or the joy of their play—it measures everything, in short, except that which makes life worthwhile” (cited in Manne, 2008, p. 71). Carlsson-Paige (2008) and Frost (2006) note that children’s toys and resources, including outside play equipment, are driven largely by corporate interests.

Noted exceptions are the Steiner-Waldorf and Forest Kindergartens, which have influenced the Inspir=Ed program. The Steiner kindergarten model serves as the foundation of more than 2,000 kindergartens worldwide (Paull, 2011). Forest Kindergartens, where children (and parents) are educated outdoors in all weather conditions, are rapidly growing in popularity throughout Europe and offer promising outcomes for more vulnerable communities (Knight, 2011). In Australia, a number of bush kindergartens have been established, with parents actively engaging in the programs.

Conclusion

A holistic vision is required to move toward a more equitable and sustainable future for all children, particularly children and families from highly disadvantaged communities. This article describes an early childhood education model for working with parents and their children to enhance healthy development in children at high risk of developmental delay. The Inspir=Ed model supports parents in learning how to be with their children in ways that create more nurturing and joyful interactions, while helping them address some of their own concerns and needs at the same time. The model is evidence-based, drawing on extensive literature that can be used to determine the core elements for creating a positive learning experience for infants and young children.

We suggest that three features can be immediately translated into practice: 1) paying attention to children’s physical and social environments to create a calm, quiet, creative space using natural materials and providing opportunities for outside nature-based play; 2) inviting parents into early childhood spaces and integrating them into activities (requiring specific program planning); and 3) acknowledging the spirituality in each child and practicing and modeling respectful behaviors, between the facilitators and staff as well as with the children, parents, and community members.

The program theory is clear and case study evidence has and is being gathered. What would be ideal at this point is a large-scale implementation and evaluation project in an “at-risk” community to determine whether the expected improvements across a number of domains, including increased parental warmth, improved child-parent relationship, improved child behavior, and enhanced parenting skills, are realized. In the interim, adopting the Inspir=Ed program model, which is well-supported by theory and evidence-based piloted programs, is a promising way to enhance development outcomes in highly vulnerable communities during the crucial early childhood window.

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