

# In Home Support for Aboriginal Families

## Program guidelines



A Victorian  
Government  
initiative



# Coordination

# In Home Support for Aboriginal Families

Program guidelines

Department of Education & Early Childhood Development

August 2007





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## Executive Summary

The Department of Education & Early Childhood Development acknowledges and respects Aboriginal Victorians as first Australians and original custodians of the land. In addition the department recognises that improved outcomes in Aboriginal health and wellbeing can only be achieved if effective and respectful partnerships are established with Aboriginal people, communities and organisations.

The *Victorian Indigenous Affairs Framework (VIAF)* and its revision *Improving the lives of Indigenous Victorians* outlines the Victorian Government's whole of government approach to Indigenous affairs and provides a framework which guides actions to address Indigenous disadvantage.

The Strategic Policy Framework *Improving the Lives of Indigenous Victorians* describes the relationship between Victorian strategic areas for action that set out to achieve improved outcomes and link to the VIAF framework.

One of the six strategic priorities for action is to improve maternal health and early childhood health & development

There is strong agreement in Australia and Internationally that early environments and relationships play a crucial role in determining whether children develop their social, emotional and cognitive skills in a way that gives them a solid foundation for further development. Children need at least one strong dependable and nurturing relationship for healthy development.

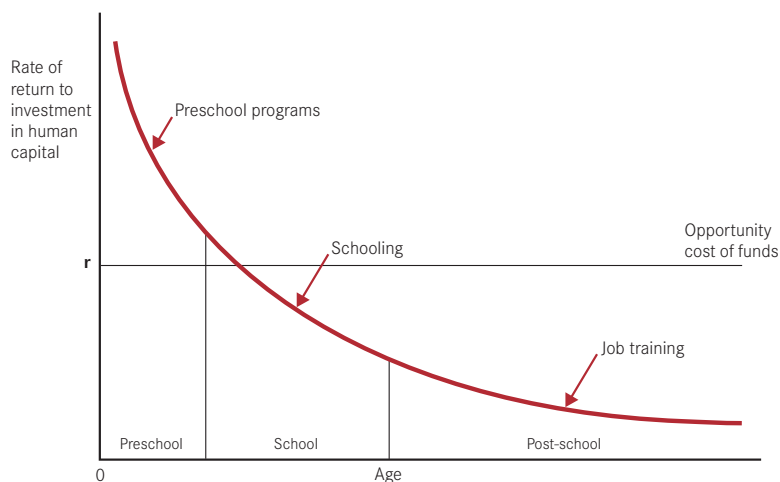
Dr Jack Shonkoff's<sup>1</sup> groundbreaking work shows that when and how children develop from the moment of birth is critical to later behaviour. Early childhood experience determines whether as adults we can learn, adapt and contribute to our communities. Genetic and environmental factors work together in a dynamic way, affecting children's development.

Professor James Heckman, Nobel Laureate in economics in 2000, has shown that investment in the early years gives a much higher return for governments than expenditure on trying to fix problems after they have developed.

*'The most economically efficient way to remediate the disadvantage caused by adverse family environments is to invest in children when they are young.'*

Heckman, 2000

### (a) Rates of return to human capital investment initially setting investment to be equal across all ages



1. Dr Shonkoff is professor of Human Development and social policy at Brandeis University, USA, recognised for his expertise in early childhood experience and brain development



In 2004-05, the Victorian Government committed \$5.8 million over four years to strengthen support for Aboriginal mothers and their children in the crucial early years. An additional \$3.4 million was allocated in 2005-06.

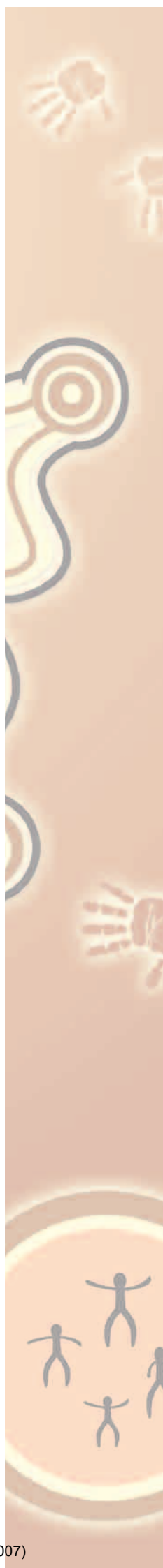
The government's In Home Support initiative will assist Aboriginal families to strengthen, support and improve their parenting capacity and so improve the health, development, learning and wellbeing of Aboriginal children aged 0-3 years. This support will be provided in a way that is respectful of their cultural identity and promotes Aboriginal child and family wellbeing.

These guidelines have been developed to provide direction for those interested or involved in the In Home Support for Aboriginal Families (In Home Support) initiative. In particular, it provides guidance to support funded agencies to implement this initiative.

As this initiative is new and formative, it will be important to ensure that it benefits from early learning. There is an ongoing commitment to update the guidelines as evidence of program effectiveness emerges and to incorporate practice improvements as a result of feedback from funded sites and other stakeholders

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# Introduction



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## Introduction

The 2001 ABS Census data puts the Aboriginal and Torres Strait Islander population in Victoria at 27846 (although anecdotally the figure is much higher). The Victorian Aboriginal community has proven its resilience and strength, being on the forefront of European colonisation and feeling the brunt of a new and dramatic social change, and yet, despite the devastating impact of European colonisation on Aboriginal ways of life, they survived and passed down a culture that today is vibrant and strong.

The Aboriginal community in Victoria is made up of many different nations, clans and language groups, each with its own distinct cultural ways of operating and yet with many similarities. Aboriginal culture continues to provide significant strength to the community and is celebrated throughout Victoria. The strength of Aboriginal cultural beliefs is passed on to Aboriginal children through the implementation of programs embedded with Aboriginal ways of knowing.

The following statements that have been adopted by the Aboriginal Best Start Project reflect the influence and importance of Aboriginal cultural beliefs in contemporary practices.

### Aboriginal cultural beliefs about children


- Our children are our present and our future.
- Our children should have access to good health, wellbeing and education programs so that they will be empowered to achieve their full potential.
- Our children have the right to an education that strengthens their culture and identity.
- Our children have the right to live in communities that are safe and free from violence.
- Our children have the right to identify as Aboriginal Australians, to be proud of our history, cultural beliefs and practices.
- Our children have the right to maintain connection to their land and country.
- Our children have the right to maintain their strong kinship ties and social obligations.
- Our children have a strong contribution to make to enrich the Aboriginal community and as members of the wider community.
- Our children have a right to be taught our cultural heritage by our Elders.
- Our children should be taught to respect their Elders.<sup>2</sup>

### Features of a successful Aboriginal project

While no one feature on its own can be said to be responsible for a program's success, many reviewers of Australian and overseas Indigenous early parenting programs recommend that the following features should be present for an Indigenous program's success

- A specific Indigenous location where both primary and secondary services are available.
- Women and children's services separate from men's but near.
- Education groups, social groups, children's play groups at the same location.
- Transport is provided.
- Outreach home visiting.

<sup>2</sup>. *Building Better Partnerships* June 2006 Victorian Aboriginal Community Services Association Incorporated et al.

- 
- Staffed where possible by Indigenous workers with non-Indigenous professional/s brought in on a sessional basis or to accompany Indigenous workers on home visits.
  - Higher training for Indigenous staff.
  - Communication and relationship building focus essential.
  - Community mentors, Elders, ‘grandmother’ and family involvement.
  - Content is broad based, aimed at increasing family strengths and protective factors and reducing the impact of risk factors.
  - Specific content focuses on primary health and development while at the same time reinforcing the participant’s pride in their culture (antenatal care and preparation, nutrition, breastfeeding, stop smoking, birth and postnatal support, early attachment and relationship support, child nutrition, monitoring growth and development information, play groups).
  - Specific secondary level add-ons as needed (medical, crisis support, housing, finance, etc).

### **The Importance of the Early Years- Four Key Evidence themes<sup>3</sup>**

We can best promote children’s development by providing children with positive and ongoing caring relationships, protection from harm, opportunities and support for learning and stable supportive communities.

Early Childhood Literature provides substantial evidence that:

- The early years are crucial in setting the stage for later life
- Young children develop through their relationships with others
- Children’s development is shaped by the balance between risk and protective factors
- Supporting families effectively requires a comprehensive, coordinated family centered service system.

Brain development is fastest during the first three years of life.<sup>4</sup> Shonkoff, J (2006) says that in early childhood it is important that children’s experiences are positive and that they are in a safe, supportive nurturing relationship, as this will affect their ability to learn and develop through their lives.

As Figure 1 shows.

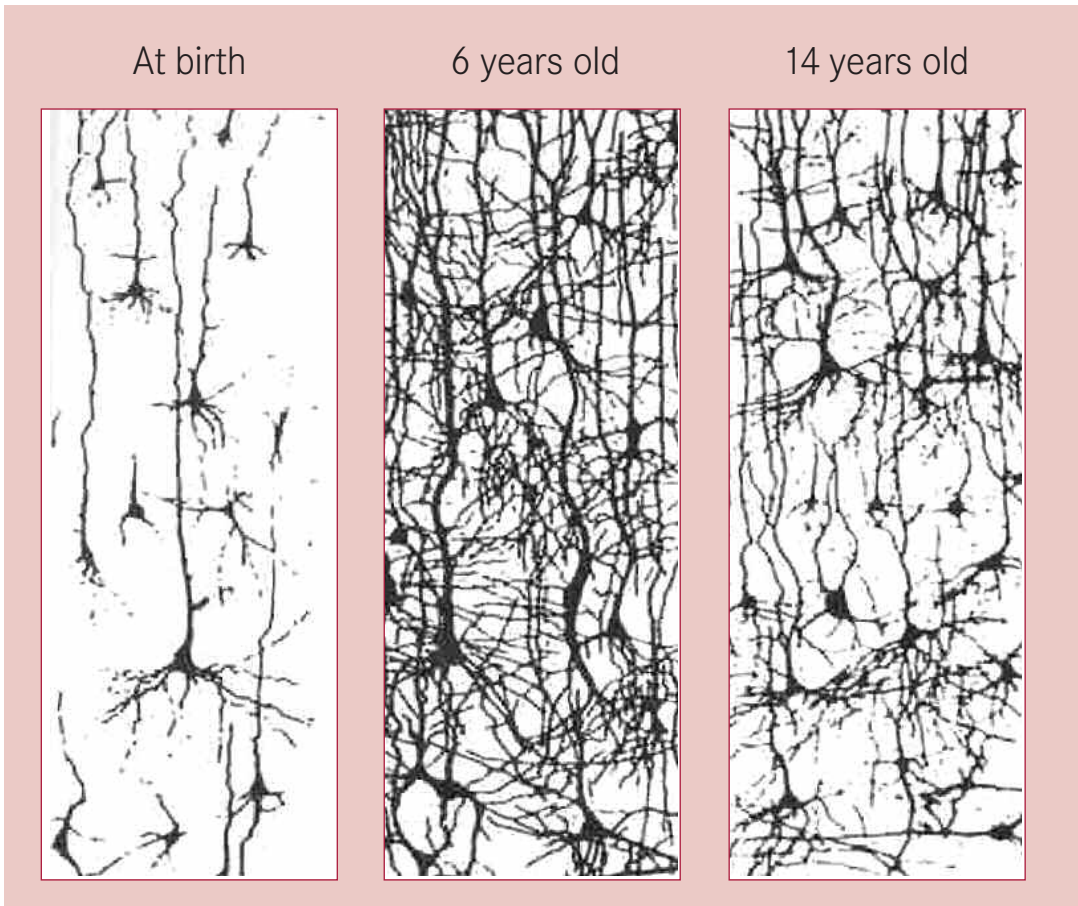
During the early years children’s brains grow very fast. During this time the wiring in the brain is developed. The wiring helps to join up different parts of the brain. It makes the building blocks of development, e.g. language, emotion, hearing, seeing. The experiences that babies and children have directly affects the wiring. This includes good and bad experiences. Children’s brains develop the best when there are warm and caring relationships with adults. The wiring of the brain slows down after about the age of 6 years and then stops altogether. This means that it is harder to “fix” problems in children, as they get older because the wiring is very hard to change.

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3. Adapted from the *Municipal Early Years Framework 2005*

4. Shonkoff, J (2006) *The science of early childhood development: Closing the gap between what we know and what we do*, Presentation at the Early Childhood Forum, 3 March 2006, Melbourne, Australia

Figure 1 the developing brain at birth, 6 and 14years old



Drawings supplied by H.T. Chugani.



# In Home Support for Aboriginal Families



# Coordination

## In Home Support for Aboriginal Families

### Objectives and framework

The primary objective of In Home Support is to improve outcomes for Aboriginal children.

The In Home Support initiative seeks to build on the service delivery strengths implemented through Koori Maternity Services as the children move through infancy into the next stages of early childhood up to three years of age. It provides an opportunity to take an integrated approach to optimising outcomes for all Indigenous mothers and young children, building on a universal platform, but delivering additional supports where they are most needed and most likely to be effective.

The In Home Support initiative creates a service model aimed at producing positive health, development, learning, safety and wellbeing outcomes for children, parents and the wider Aboriginal community while allowing flexibility for local Aboriginal organisations to respond to current and emerging community requirements.

Four Koori Maternity Services sites were initially selected to implement the In Home Support initiative, based on the number of Aboriginal births and current service models to ensure alignment of service delivery and partnership between the two programs. These sites are:

- Mildura Aboriginal Cooperative
- Rumbalara Aboriginal Cooperative
- Gippsland and East Gippsland Aboriginal Cooperative
- Victorian Aboriginal Health Service

A fifth site, Wathaurong, has recently been allocated funding to implement Koori Maternity Services and In Home Support concurrently.

The objectives of the initiative are:

- To improve the health, development, learning and wellbeing of Aboriginal babies and children from birth to three years of age.
- To strengthen support and improve parenting capacity for Aboriginal parents and their families in a way that is respectful of their cultural identity and promotes Aboriginal child and family wellbeing.
- To promote social connections and links with community and community services.



## Target group

In Home Support seeks to build on the strengths of the Koori Maternity Service to ensure continuity of care for Koori women, children and their families from the antenatal period through into the crucial early years. The individual participants will be identified via the Koori Maternity Service.

The initiative is targeted to all Aboriginal women with new babies who may also have other small children and their families. The support is available from birth through to three years to those who wish to participate and who live within one of the five catchment areas.<sup>5</sup> The components that are offered to each family will vary depending on their needs and other services involved.

All parents will be able to participate in group and community activities that will, through group modelling, provide knowledge in health, wellbeing, safety and childhood development.

Families identified as requiring more intensive parenting support will be provided with individual support from an in home support worker who will adopt a coaching/modelling approach to increase parental knowledge in health, wellbeing, safety and childhood development.

Some parents who are facing very serious parenting challenges may be more appropriately assisted by other local programs, for example, Aboriginal Family Restoration.

### Case study

Jade is a single mum with two young children aged 0-3. She had recently left a situation of family violence and social isolation and consequently found the care of her children difficult

Jade was referred to and has welcomed the In Home Support program. The IHS staff has linked her into housing and legal services and are slowly building a trusting relationship with Jade and through modelling and coaching supporting her to lovingly care and develop the skills of her children.

Workers transport Jade and her children weekly to mothers groups and play groups that are run by the In Home Support Staff.

In these groups staff encourage Jade to remain at the sessions and through modelling, how to play with her children. The sessions also provide information about positive parenting, the importance of breastfeeding, immunisation and developmental checks. Other mothers also provide support by reinforcing information through sharing their own experiences.

Jade through forming a relationship with the In Home Support Workers is becoming more confident in her role as a mother

5. It is acknowledged that the Victorian Aboriginal Health Service has a statewide catchment. For the purposes of this initiative, the geographic catchment area for intensive support will be limited to inner metropolitan areas including Cities of Yarra and Darebin

## Focus on outcomes

The *Victorian Indigenous Affairs Framework* informed the selection of priority outcomes for Aboriginal children and their families

This In Home Support initiative seeks to address priority outcomes for Aboriginal children and their families.

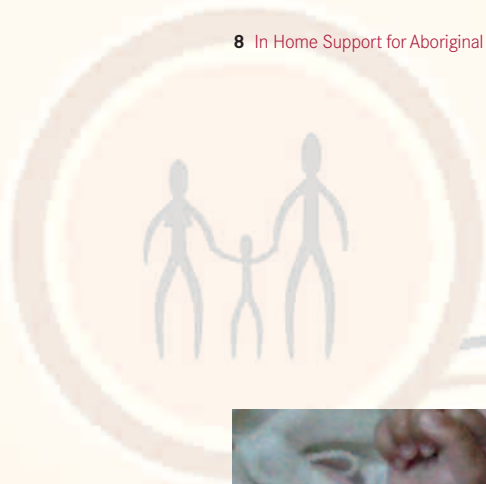
Table 1 identifies the priority outcomes.

For each of the outcomes listed, there is a range of indicators that may be used to measure progress. Indicators are consistent with the Victorian Indigenous Affairs Framework.

**Table 1 Priority outcomes and indicators**

Outcomes	Indicators
<p><b>1. Building social connections</b></p> <ul style="list-style-type: none"> <li>Communities that enable parents, children and young people to build connections and draw on informal assistance</li> </ul>	<ul style="list-style-type: none"> <li>Increased proportion of children with parents who can turn to someone for advice when having problems.</li> <li>Increased proportion of children from households where the respondent is able to get support in time of crisis from persons living outside the household.</li> </ul>
<p><b>2. Promoting health</b></p> <ul style="list-style-type: none"> <li>Adequate nutrition/healthy weight</li> <li>Safe from injury and harm</li> <li>Free from preventable disease</li> </ul>	<ul style="list-style-type: none"> <li>Increased participation rate of children at key age and stage maternal and child health assessments.</li> <li>Reduced perinatal mortality rate.</li> <li>Reduced reported smoking and alcohol use in pregnancy by Indigenous mothers.</li> <li>Increased rate of breastfeeding at three and six months.</li> <li>Increased percentage of babies with birth weight of or above 2500 g.</li> <li>Increased proportion of children who are fully immunised at 1-3 years.</li> <li>Decreased rate of unintentional injury.</li> <li>Decreased rate of children exposed to tobacco smoke in the home.</li> </ul>
<p><b>3. Promoting development</b></p> <ul style="list-style-type: none"> <li>Optimal language and cognitive development</li> <li>Optimal social and emotional development</li> </ul>	<ul style="list-style-type: none"> <li>Increased participation in playgroups.</li> <li>Increased proportion of preschool aged children who are read to by a family member almost every day.</li> <li>Increased three and four year old kindergarten participation rates.</li> </ul>
<p><b>4. Providing psychosocial support</b></p> <ul style="list-style-type: none"> <li>Parent promotion of child health and development</li> <li>Parental mental health</li> </ul>	<ul style="list-style-type: none"> <li>Increased proportion of children from families who report healthy family function.</li> <li>Decreased proportion of women with postnatal depression.</li> </ul>

The above outcome areas will be monitored on a regular basis through the Victorian Child and Adolescent Monitoring System. Organisations will also be consulted about collecting data at a local community level



# Implementing In Home Support



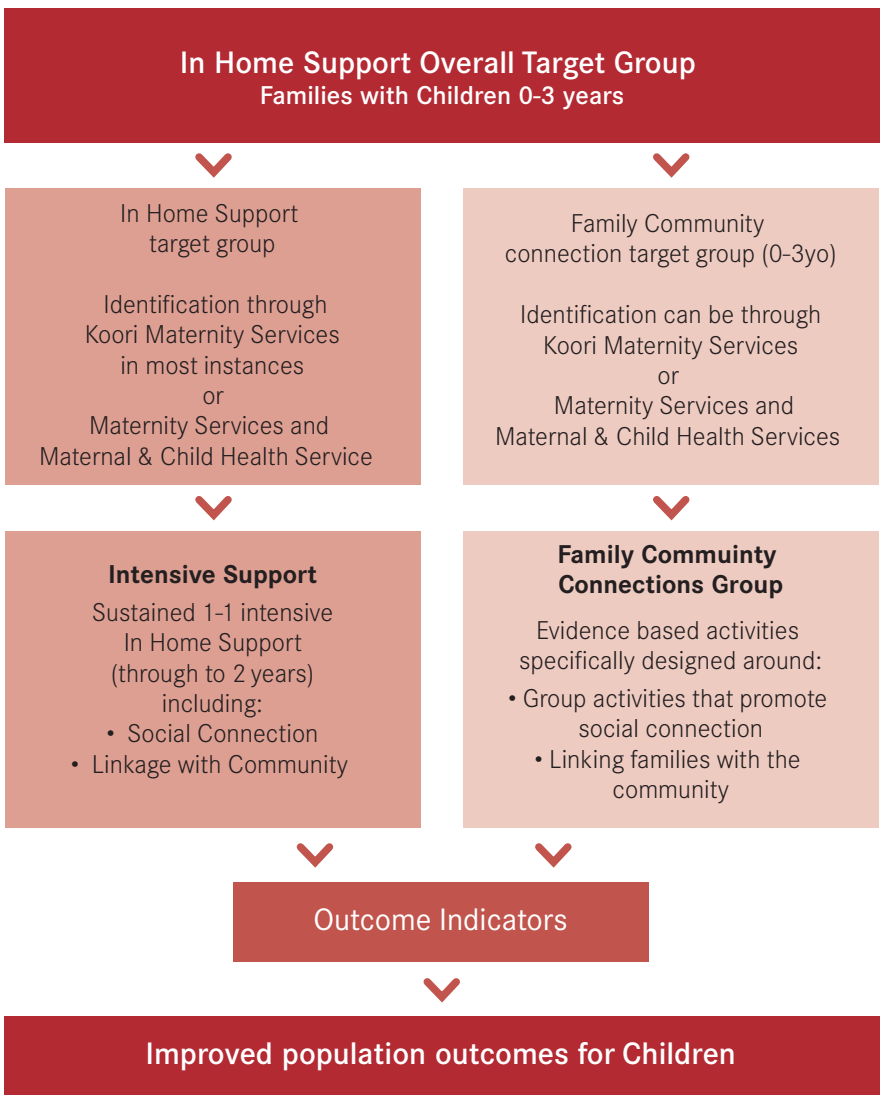
# Coordination

## Implementing In Home Support

Figure 2 outlines how support will be provided and to whom through the In Home Support program.

Table 2 lists the service elements and provides examples of implementation.

**Figure 2. In Home Support – Flowchart process for access and implementation**



## Service elements

Organisations are not expected to duplicate services where they already exist. For example, where an Aboriginal playgroup already operates, effort may be directed to other service elements but include supporting families to access the playgroup.

It is expected that the following elements will be incorporated into the initiative's implementation plan.

**Table 2. Service elements**

Element	Description	Example
<b>Individual support</b>	Provide one on one support to families, including role modelling and coaching to increase parenting knowledge and skills.	<p>Supporting mothers to breastfeed and linking them to expert advice when they experience difficulties.</p> <p>Supporting parents to reduce exposure to smoking.</p> <p>Reducing drug taking and alcohol consumption.</p> <p>Role modelling developmentally appropriate play experiences in the home.</p> <p>Coaching parents in positive parenting techniques to manage toddler behaviour.</p> <p>Assisting families with appointments and attendance at key milestone events such as maternal and child health visits, immunisation sessions, annual health check.</p> <p>Introducing the Let's Read early literacy program (Aboriginal model being developed).</p>
<b>Group/social connection</b>	Developing and implementing family and children's group activities which focus on educational, health and wellbeing outcomes for children and families	<p>Involving community Elders in group/ community activities.</p> <p>Establishing/facilitating playgroups.</p> <p>Establishing/facilitating parent education programs.</p> <p>Providing, or assisting families to access, transport to enable attendance at group activities.</p>
<b>Linking families with community</b>	Facilitating access to and participation in broader community activities, programs and events	<p>Developing appropriate community events such as activities to engage fathers with their children.</p> <p>Promoting and providing information on relevant community services available for children and families (for example, promotion of the Healthy for Life program, enrolment in kindergarten, access to mental health services).</p> <p>Promoting positive health behaviours, such as breastfeeding, immunisation, good parenting, developmental play.</p>

## Funding

Establishment funds received by each site supported the purchase of a vehicle with appropriate child restraints, necessary office equipment and fit out, equipment/furniture for families and other items as negotiated with the Department of Education & Early Childhood Development regional office.

**Table 4. Allocation of Funding**

Financial year	Program implementation (incl. Staffing)	Mentoring and supervision	Flexible purchasing
2006-07*	\$207,075	\$8,930	\$13,750
2007-08	\$243,320	\$8,930	\$17,250
2008-09	\$274,570	\$8,930	\$21,250

\*Wathaurong received a pro rata allocation (50%) in 2006-07

## Flexible purchasing

Flexible funds are provided to purchase equipment and other discretionary items required by families to improve the health, development, safety, education and wellbeing outcomes for their children.

The funds may be used for the purchase of safe equipment for babies (cots and bedding, car seats, prams), educational materials (toys, books, blocks), to support the access and participation of children and families in a range of everyday community activities

Flexible funds should not be used by organisations to supplement program operating or set up costs.

## Targets

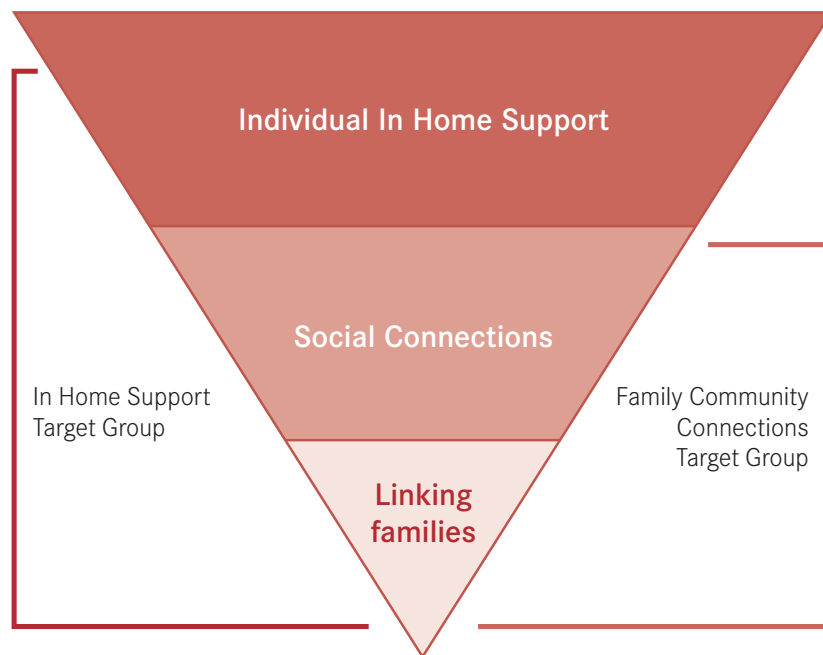
The targets reflect the lead in time to fully establish the service over three years.

**Table 3. Performance requirements**

Performance measures	Target	Reporting Frequency	Reporting due date
Number of families accessing the In Home Support program	Baseline to be set in 2007-08	Annual	15 July
Number of families receiving intensive 1:1 support.	2006-07 -At least 5 families 2007-08 - 15 families 2008-09 - 25 families	Annual	15 July



**Figure 3. Priority of Action and Budget Allocation for Programming**



### Program implementation

Figure 3 shows that there are two streams of support that can be provided by the In Home Support program. However as you can see the focus will be on providing the one to one support in the home. (See Targets performance requirements)

The bulk of the funding is allocated to implement the service model. These funds may be used to employ staff, subcontract elements of the service to other organisations (for example, playgroups or parenting courses), pay for the implementation of evidence-based service responses such as Let's Read and/or provide for additional training and administrative requirements such as travel and transport for staff, meeting costs and data collection.

#### Example 1:

*An organisation may employ 2 staff to undertake the intensive support for families, allocate funds to the Maternal and Child Health Service to provide additional services from the Cooperative and provide some funding to the existing additional Aboriginal playgroup to ensure they have the appropriate equipment and resources.*

#### Example 2:

*An organisation may fund the implementation of Let's Read through the Maternal and Child Health Service, employ Aboriginal staff to run playgroups and community activities, subcontract the intensive support to an early parenting centre or community health centre and provide transport to access these activities.*

#### Example 3

*The funds are used to expand the existing family and children's service team who will deliver all aspects of the program.*

## Model of Service

**Core components:** Case management, health observation and promotion, parent and child education and information, role modelling, mentoring, home visiting, age and developmentally appropriate play opportunities and the provision of resources.

### Aboriginal Organisations should

- Employ Aboriginal staff with qualifications, for example, nursing and/or early childhood development and, where this is not possible, employ Aboriginal staff that are able to gain appropriate qualifications over time.
- Ensure staff are experienced in working with vulnerable and complex families.
- Ensure staff receive management support and professional supervision.
- Ensure that all staff are provided with training opportunities
- Develop entry and participation criteria and priority of access to the service (refer to target group).
- Provide support to Aboriginal families with children aged 0-3 years within the local In Home Support sites area.
- Develop, in consultation with each family, an individual family plan that is family and child centred and focuses on the strengths of the family when developing family goals and objectives (strength-based approach - rather than focus on 'what's wrong' a strengths-based approach identifies the positive resources and abilities that children and families have).
- Adopt a modelling rather than an expert approach.
- Ensure that staff and families are aware that family plans are living, working documents and can be modified to accurately reflect changing needs and goals.
- Encourage staff to discuss with the family at each visit any issues or concerns they have and modify the family plan if requested.
- Encourage, support and where necessary provide transport to enable families to access
  - Maternal and child health 10 key age and stage visits at the initial home visit, 2 weeks, 4 weeks, 8 weeks, 6-8 months, 1 year 18 months, 2 years and 3.5 years
  - Immunisation
  - Annual medical child and adult health checks
  - Playgroups, parenting programs or childcare
  - Book a place at Kindergarten as early as possible (eg; at 2 years of age or earlier).
- Include a component of child environment safety, health promotion and early childhood education information at each home visit or other family/community contact/event.
- Collect and maintain accurate client records using IRIS and ensure safe storage to ensure privacy.
- Fulfil monitoring and reporting responsibilities to the Manager of the Aboriginal Cooperative and relevant regional Department of Education & Early Childhood Development officers.
- Promote ongoing collaboration and establish new working relationships and partnerships with local Aboriginal and universal family and children's services and local Best Start initiatives.
- Develop new services in collaboration/partnership with existing initiatives in the In Home Support sites area.
- Where services are establishing supported playgroups, these should refer to and abide by the Department of Education & Early Childhood Development playgroup guidelines.

## Mentoring and supervision

Working with families with multiple and complex needs requires a sensitive and holistic approach and demands consideration of a range of emotional, cultural and social issues affecting families. The demands placed on workers can sometimes be difficult and it is important that workers are provided with regular supervision and management support to assist them to manage the day-to-day demands.

Funds have been allocated for external clinical supervision and mentoring for the staff involved in delivering this initiative. The funds are sufficient for an average of one hour per week of support.

This support may be provided in one to one sessions or group sessions, or a combination of these.

The local non-Aboriginal services could also be mentored through this and other initiatives (such as KECEP and Koori Maternity Services) to ensure that support provided is culturally inclusive

## Staffing skill and competence

To improve the health development, learning, wellbeing, safety and cultural knowledge of Aboriginal children, a variety of skills, competence and experience will be required. Organisations must ensure that the service brings together the appropriate skill mix to meet the needs of their community. These skills will include, but are not limited to:

- knowledge of Aboriginal cultural values and family systems either through the employment of Aboriginal women or non Aboriginal women who are accepted and respected by the Aboriginal community
- project management skills to lead the implementation of the initiative
- organisational competence to deliver the service
- understanding of the evidence surrounding the importance of the early years and the local service system
- problem solving and counselling skills to address family issues
- community development principles
- knowledge of Aboriginal health and education needs
- well developed communication and consultation skills
- skills to collect and record data, to monitor and evaluate the initiative.

The makeup of the team, including the subcontracting of other professional staff, should cover all these skills.

Funds equivalent to at least 0.5 EFT (approx \$50,000) should be used to employ or subcontract staff with a prerequisite minimum qualification of a Diploma Community Studies (child care), who would provide the required knowledge and skills in early childhood.

The initiative also provides an opportunity to recruit and support Aboriginal women who are culturally competent and well respected by their community and who have limited or no formal qualifications, but have the desire to gain appropriate qualifications while working.

## Training

Organisations will be expected to implement individual organisational orientation and training as well as identify specific individual staff professional development requirements.

As the In Home Support initiative builds on the service delivery strengths implemented through the Koori Maternity Strategy KMS, it is critical that time is spent during the induction period to develop strong linkages with KMS, universal and enhanced maternal and child health services, local playgroups, kindergarten/child care and family services. This will broaden the staff members' knowledge and understanding of each of these services and widen their networks within the community. These opportunities may be developed through placements with each of the different services.

A separate training budget has been maintained by the Office for Children to meet the common training needs across the five sites and to encourage and support Aboriginal workers to obtain relevant early childhood qualifications where appropriate.

Once staff are employed, a training needs analysis will be undertaken to identify these training requirements.

A suitable training partner will be engaged to support the development and roll out of this training agenda, in consultation with the sites, peak bodies and other key stakeholders.

## Implementation plan

Aboriginal organisations are required to develop and submit to the Department of Education & Early Childhood Development regional office a comprehensive implementation plan that demonstrates how the new initiative will contribute to the achievement of the outcomes for children and families as stated above. The plan should reflect the current early years service system, including programs offered by the organisations and other local providers.

A suggested framework for developing an implementation plan across the sites is based on the approach used by Best Start. Action plans should include the goals, objectives, strategies, indicators, outcome measurements and status (see Appendix 3).

The plan will:

- be developed in consultation with the department, Aboriginal community and other relevant stakeholders
- detail how the initiative builds on the existing services offered by the Aboriginal organisation
- detail how the Aboriginal organisation plans to link this initiative with existing services.

## Accountability and reporting

Accountability for achieving the outcomes identified in this initiative rests with the funded Aboriginal organisations. Services are required to meet the relevant service activity specifications, including targets, as outlined in these guidelines.

Financial accountability will be required as part of the conditions within the funding and service agreement.

It is anticipated additional or modified accountability requirements will be identified throughout the initiative to meet changing or emerging needs, and introduced in consultation with service providers.



Aboriginal organisations will be required to report on key performance indicators to their regional Department of Education & Early Childhood Development office.

Aboriginal organisations are required to maintain accurate family and service records on the Integrated Reports and Information System (IRIS). The program and training in the use of IRIS are available to all funded community service organisations at no cost. From January 2008, IRIS will incorporate the reporting requirements of this initiative.

In the meantime, information for reporting against the two mandatory performance measures will be collected manually.

## Governance

A strong partnership platform is essential for effective planning and is an indicator of success.

Many benefits are derived from forming broad partnerships that bring together expertise and experience in child rearing, health, early years service delivery, local planning and good practice. This expertise and experience can be used to develop innovative and collaborative responses to improve outcomes for children and their families.

Sites are required to establish an implementation working group that includes representatives from relevant stakeholders in the local community including, but not limited to, Aboriginal parents and Elders, Koori Maternity Services, Maternal and Child Health, the Local Aboriginal Educational Consultative Group representative/s from other relevant early years program providers Multi functional Aboriginal Children's Services, Kindergartens, Playgroups and the Department of Education & Early Childhood Development region. This group may build on an existing network/partnership, such as Best Start, or may be established for the purposes of this initiative.

## Support from Victorian Aboriginal Organisations

The Victorian Aboriginal Education Association Inc (VAEAI) has been funded under this initiative to employ a project coordinator who will provide additional support to Aboriginal organisations in the implementation of this initiative and help to develop culturally appropriate resources for Aboriginal families, focusing on the importance of child development in the early years.

Support available from VAEAI includes:

- general advice and assistance with project implementation, including the development of implementation plans where required
- assistance to project sites to engage with parents
- specific advice regarding the educational and early learning aspects of the initiative.
- consultation with Aboriginal communities and assistance in the development and fostering of networks between the five sites and with other key stakeholders
- identification of links between this initiative and other Aboriginal programs such as Aboriginal Best Start and Koori Maternity Services
- coordination of appropriate forums in which experiences of the sites can be shared amongst workers and with the funding body.

The project coordinator position is complementary to the roles that exist within Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to support Koori Maternity Services. It is recognised that successful implementation will be contingent on working closely with the coordinators of the Koori Maternity Services and Victorian Aboriginal Community Services Association Ltd (VACSAL) to support the Best Start project.

Other Aboriginal peak organisations and statewide service providers, together with department regional contacts are listed in Appendix 2. Each of these is available to provide support on specific aspects of this initiative.

## Resource development

The VAEAL in partnership with VACCHO will modify or develop culturally appropriate resources for staff implementing, and families accessing, the service. VAEAL will consult with funded organisations to determine local and global resource requirements.

This resource kit will be developed over time as services become more aware of the needs in relation to this initiative. In the first instance, relevant existing resources will be sourced and collated prior to new material being developed to fill identified gaps.

For example, QUIT is revising material to encourage Aboriginal people to stop smoking. It is therefore likely that this material would be adopted into the proposed resource kit rather than new material being developed.

## Evaluation

This service framework has been designed as an initial approach to improve the health, development, safety, learning and wellbeing of Aboriginal children. It is expected that, over time, all the partners in this initiative will develop a greater understanding of the actual services required to achieve the desired outcomes and that this will inform changes to the activities undertaken within the sites.

An action research evaluation will be undertaken so that changes can be made to the service framework as the service progresses in order to draw upon the best available information about what is working. This approach will build knowledge and is critical to support quality continuous improvement.

Furthermore, it is anticipated that forums, case studies and the collection of data will also be used to monitor the success of the initiative and inform changes that may be required.

## Aboriginal Early Years Advisory Committee

The Aboriginal Early Years Advisory Committee has been established to provide advice to the Office for Children on the development and implementation of Aboriginal specific initiatives and to advise on improving access for Aboriginal people to existing services. This group will maintain an interest in the implementation of this initiative.

A strong link is also being established with the VACCHO Koori Maternity Services Steering Committee.



# Appendices



# Coordination

## Appendix 1 Policy context

Early childhood experiences have long been recognised as laying the foundation for later physical, cognitive and social emotional development. Several major reports in recent years in Britain, the United States and Canada have emphasised the importance of early childhood development and parent support programs that improve outcomes for children's education, health and wellbeing within the context of respect for cultural beliefs and practices.

Research shows that we can best promote children's development by providing children with positive and ongoing caring relationships, protection from harm, opportunities and support for learning and stable, supportive communities.

The Victorian Government is committed to supporting families and children through the provision of family supports and resources. The establishment of the Office for Children, the Minister for Children and the Children's Advisory Committee demonstrate the government's commitment to Victorian children.

The government acknowledges the need to provide specialised support and resources to families who are disadvantaged as outlined in the policy document *A Fairer Victoria* and the *Victorian Indigenous Affairs Framework Improving the lives of Indigenous Victorians*.

The objective of the *Victorian Indigenous Affairs Framework* is to improve the health and wellbeing of all Aboriginal Victorians by ensuring that the partnership with government delivers measurable improved outcomes for all Indigenous Victorians.

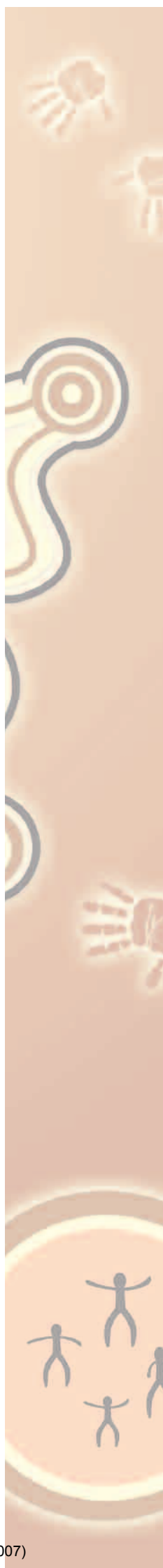
### Background

Victorian data suggest that Aboriginal children are doing relatively poorly on a number of important indicators compared to other children. Evidence from around Australia and internationally shows that early intervention and prevention is the best approach to making a difference to outcomes that impact on the longer term health and developmental outcomes of children.

In Victoria,<sup>6</sup> the Aboriginal population is growing at 2.3 per cent a year, twice the rate for the non-Aboriginal population. Twenty-six per cent of the Aboriginal population is under the age of 10 years. Given this, the pressure experienced by some Aboriginal early childhood services is likely to continue. Premature deaths and a life expectancy 20 years less than that of non-Aboriginal Victorians give the Aboriginal population an age profile similar to some developing countries. It is well documented that Victorian Aboriginal people have poorer health and higher levels of disability, chronic illnesses, disease and injury than non-Aboriginal Victorians. Aboriginal people are more likely to be hospitalised than other Victorians.

Aboriginal people also experience higher unemployment and have lower incomes, poorer educational outcomes and poorer health than non-Aboriginal people. When these factors are combined with parenting difficulties and family violence, they can have a negative effect on childhood development. Such disadvantage in the health and wellbeing of Aboriginal children in Victoria begins early, with poor antenatal care and young maternal age. Low birth weight is an important factor in ill health in infancy and early childhood. Babies born to Victorian Aboriginal women are on average lighter than those born to non-Aboriginal women; they are about twice as likely to weigh less than 2,500 grams. Poor nutrition, smoking, alcohol use, teenage pregnancy, low socioeconomic status and a lack of antenatal care are all factors that influence birth weight.

6. *Aboriginal Best Start Status Report January 2004*





Approximately 15 per cent of Victorian Aboriginal babies born in 1999-2000 were born underweight and therefore at risk of poorer health, development and learning outcomes.

Studies have shown that breastfeeding and the correct introduction of solids are two factors affecting the health of Aboriginal babies. While about 85 per cent of Victorian Aboriginal mothers breastfeed their babies initially, only about 50 per cent continue to breastfeed at 12 weeks. An improvement in breastfeeding rates may significantly improve the health of Aboriginal infants. Victorian Aboriginal children under four years of age are more likely than non-Aboriginal children to be hospitalised for respiratory diseases, including croup, asthma and pneumonia, and for vaccine-preventable diseases, such as whooping cough and influenza. Acute respiratory disease is associated with the presence of otitis media, which is well documented as a significant risk for permanent hearing loss in Aboriginal children and consequently might increase the risk of educational disadvantage.

Immunisation rates for Aboriginal children in Victoria remain low, with approximately 58 per cent of Aboriginal babies immunised at 15 months. This places Aboriginal children at a greater risk of serious illness and subsequent developmental delays, which might have longer term implications for optimal levels of wellbeing.

Kindergarten participation rates for Aboriginal children has steadily increased since 1999-2000 from 62 per cent to 79 per cent in 2004-05.

## Koori Maternity Services Strategy

The Koori Maternity Strategy is a statewide program aimed at improving the birthing experiences and birthing outcomes experienced by Koori women in Victoria. The Koori Maternity Strategy provides culturally appropriate care and support to Koori women during pregnancy, birth and in the immediate postnatal period. This program is provided through a partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) through 10 (soon to be 11) Victorian Aboriginal organisations throughout Victoria.

The Koori Maternity Service was developed in 2000 following extensive consultation with Koori communities and organisations. The program blueprint is documented in *From her to maternity: A report to the VACCHO members and the Victorian Department of Human Services about services for the Aboriginal Women of Victoria* (Sandy Campbell).

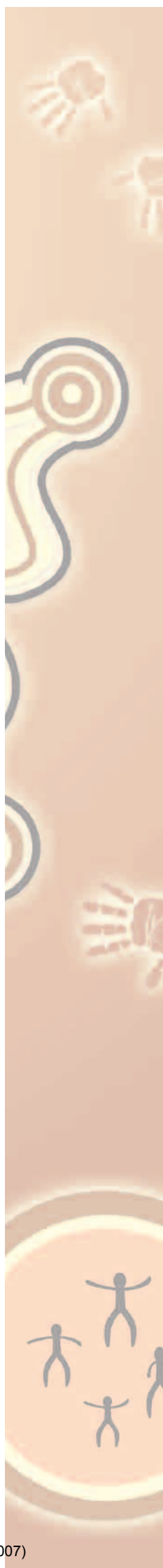
### Program features

There are two basic models for this program. The most comprehensive model employs both a midwife and an Aboriginal maternity health worker to provide a range of clinical-linkage-advocacy-health promotion services, including a focus on outreach. Other linkage-advocacy-health promotion-services employ an Aboriginal maternity health worker who works with other clinical staff at the cooperative and/or the local hospital.

The Koori Maternity Program seeks to:

- increase access to antenatal care, including antenatal care earlier in pregnancy
- increase access to culturally appropriate care in pregnancy through to the postnatal period
- decrease perinatal morbidity and mortality
- increase women's knowledge about, active participation in, and satisfaction with their care

- increase breastfeeding rates, reduce smoking and drug and alcohol use and encourage health promoting behaviour
- increase confidence amongst Aboriginal women and their families both during pregnancy and childbirth and in their parenting abilities
- improve parenting capacity amongst Aboriginal mothers and their families that is respectful of their cultural identity and promotes Aboriginal child and family health and wellbeing
- promote partnership between Aboriginal communities and other services including mainstream health services, maternal and child health services and family support. services.



## Appendix 2 Useful contacts

For further information and advice about this initiative contact:

### **Victorian Aboriginal Education Association Inc. (VAEAI)**

The VAEAI provides an advocate role for the Victorian Koori community and provides representation in relation to all education and training policy, strategy and program development at the local, state and national levels. It promotes the provision of education and training that is culturally relevant, reinforces cultural identity, and provides supportive learning environments for Koori people. VAEAI also supports the provision of education to the wider community that increases awareness of Koori culture, communities and aspirations.

Tel: **9416 3833**

### **Victorian Aboriginal Community Controlled Health Organisation (VACCHO)**

VACCHO represents the collective of all Aboriginal community controlled health organisations around Victoria. Membership consists of Aboriginal community controlled organisations that are independent and represented by their own spokespeople. VACCHO is not a direct service provider.

VACCHO provides a strategic planning forum and a community controlled political voice to represent Aboriginal people in their struggle for improved health status. VACCHO is the channel for communities to direct Aboriginal health policies in Victoria.

VACCHO auspices the Koori Maternity Strategy with advice from the Koori Maternity Services Steering Committee.

Tel: **9419 3350**

### **Victorian Aboriginal Community Service Association Ltd (VACSAL)**

VACSAL is a statewide Aboriginal organisation with a role in community consultation and representation, advocacy, liaison with government, and policy and service development. It has a community development approach and is responsive to community priorities and needs. VACSAL is acknowledged as the peak agency on matters within the community services portfolio. They also coordinate the Aboriginal Best Start Program.

Tel: **9416 4266**

### **Victorian Aboriginal Child Care Agency (VACCA)**

VACCA operates within the context that Aboriginal children continue to be significantly over-represented in the protection and care system within Victoria. VACCA considers that it has the responsibility and the opportunity to promote, advocate for, and achieve positive changes in the lives of Indigenous children, their families and their community.

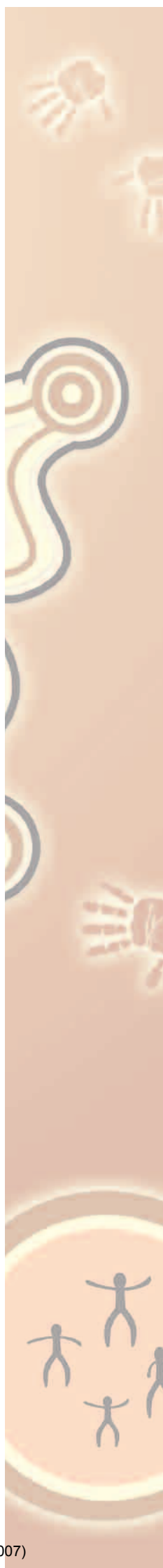
VACCA's objectives include the preservation, strengthening and protection of the cultural and spiritual identity of Indigenous children and the provision of culturally appropriate and quality services that are responsive to the needs of the Indigenous community.

Tel: **8388 1855**

## Contacts

### Department of Education & Early Childhood Development

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Early Years Branch  
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## Appendix 3 Sample implementation plan

An action plan will be developed that contains sections on the service elements, goals, objectives, strategies, outcome and indicator targets, monitoring and evaluation,

### Example only:

<b>Goal: 1. Building social connections</b>	
Objective	To develop communities that enable parents, children and young people to build connections and draw on informal assistance
Strategy	Form broad partnerships that bring together expertise and experience in child rearing, health, early years service delivery, local planning and good practice
	Ensure that respect for Aboriginal culture and identity is embedded within programs and that all service delivery is provided in a culturally sensitive manner
Outcome	Families will be actively engaging in community, including accessing services and supports, attending playgroups and first time mothers groups, employment and child care
Indicator	Number of families who seek support when having difficulties
Targets	Identified families as per In Home Support guidelines or referrals from Koori Maternity Service
Monitoring and Evaluation	<p>Coordinator/support worker will ensure that staff and family are aware that family plans are living, working documents and can and should be discussed and modified to accurately reflect family goals</p> <p>Staff should keep accurate data that records the strengths of family and positives and negatives of the intervention to ensure the strategies implemented for behavioural change are relevant for the family</p>





# Resources



# Coordination

# Coordination

