Towards a health and wellbeing service framework
A discussion paper for consultation
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1. Introduction

The creation of the Department of Education and Early Childhood Development (the Department) in late 2007 brought together, for the first time in Victoria, a range of services that focus on optimising learning, development, health and wellbeing outcomes for children and young people from birth to 18 years. This important advancement recognises that development is intrinsically linked to learning and health. It is also strongly aligned with the Council of Australian Governments (COAG) Productivity Agenda which seeks to develop a single set of improved national quality standards that integrate education and care to promote good outcomes for children and young people beginning in early childhood and lasting throughout the life span.

The vision of the Victorian government’s Blueprint for Education and Early Childhood Development (2008) is that every young Victorian should be given the opportunity to thrive, learn and grow to enjoy a productive, rewarding and fulfilling life, while contributing to their local and global communities. The Blueprint brings together education and early childhood objectives to create a strong agenda for the improvement of learning and development outcomes, supporting children and their families from birth to adulthood. A health and wellbeing service framework for children and young people in Victoria from birth to 18 years will support this agenda.

The development of a health and wellbeing service framework is influenced and informed by a strong policy context at the Victorian government and national levels. This includes recent policies such as the Victorian Statement on Early Childhood Development Growing, Learning and Thriving: Building on Victoria’s Achievements in Early Childhood Development, Victorian Early Years Learning and Development Framework, Maternal and Child Health Key Ages and Stages Framework, the Early Childhood Intervention Services Quality Assurance Framework, Improving Victoria’s Early Childhood Workforce: Working to give Victoria’s children the best start in life and Strengthening Student Support Services: The way forward, which provide significant direction to the work of a number of health and wellbeing services. For more detail about the relevant frameworks, strategies and policies see Appendix A.

The Victorian government provides or funds (partially or fully) a range of departmental health and wellbeing services, including: Maternal and Child Health Services; Early Childhood Intervention Services (including Specialist Children’s Services); the Primary School Nursing Program; the Primary Welfare Officer Initiative; the Secondary School Nursing Program; Student Welfare Coordinators; Student Support Services; School Chaplains; and school-appointed wellbeing and engagement staff. These services operate across Victoria on a regional, sub-regional, local government, school network or individual school basis, depending on the nature of the service.

Purpose of the proposed framework

Departmental health and wellbeing services have varying roles and objectives but can be linked by a common purpose as they all play a key role in promoting good child and adolescent outcomes from birth through to adulthood. A health and wellbeing service framework will provide a clear and shared understanding of how departmental health and wellbeing services can work in a coordinated way to improve and support children and young people’s health, wellbeing, learning and development outcomes. The framework will seek to:

- establish shared principles for all health and wellbeing services, focusing on improving outcomes across the developmental stages
- improve access to health and wellbeing services and the effectiveness and responsiveness of those services
- support and smooth major transition stages, such as the transition from early childhood services to school and from primary to secondary education
- establish mechanisms to strengthen partnerships between health and wellbeing services as well as with services provided by other departments and community organisations
- clearly link the work of health and wellbeing services to high quality accessible early childhood services and a strong government school improvement agenda
- strengthen health and wellbeing services to support learning and development goals for Victoria’s children and young people.
The health and wellbeing service framework places the child or young person at the centre surrounded by family, community and services that impact their outcomes. For the purpose of this document, outcomes for children and young people refer to learning, development, health and wellbeing outcomes.

**Figure 1: The health and wellbeing service framework – an integrated approach**

Towards a health and wellbeing service framework: a discussion paper for consultation (the Discussion Paper) aims to describe the key features and objectives of the departmental health and wellbeing services, outline the challenges and opportunities that the services face and identify proposed elements of the health and wellbeing service framework including shared principles for service delivery, common service delivery domains, stronger relationships and partnerships, and effective leadership.

The purpose of the Discussion Paper is to prompt discussion and seek feedback about the characteristics of a health and wellbeing service framework and the development of a more coordinated approach to health and wellbeing services. The views of staff involved in health and wellbeing services and programs, early childhood education and care professionals, primary and secondary teachers, school principals and other key stakeholders are sought. Discussion questions are included throughout the document in relevant sections and are collectively attached in Appendix F.

Feedback on the development of a health and wellbeing service framework will be essential for creating a shared understanding of how the framework can support stakeholders to work in a coordinated way to improve outcomes for children and young people. This is an important opportunity for stakeholders to have their say and this contribution will be invaluable in shaping and implementing the health and wellbeing service framework.
2. Health and wellbeing services

Health and wellbeing services provide a wide range of activities from health promotion, prevention, and early detection to intervention for physical, emotional, behavioural, learning and social concerns. Services respond to diverse needs, disabilities, disadvantage and vulnerabilities to support children and young people’s outcomes and to address barriers to learning and development. Some services are universally available to all children and young people within a particular age range, such as Maternal and Child Health services. Others target those with specific identified needs, such as Early Childhood Intervention Services and Student Support Services. Health and wellbeing services are essential to achieve successful outcomes for children and young people by removing barriers to optimal health, learning and development.

Figure 2: Health and wellbeing services

A brief description of each service is provided at Appendix B.

The Victorian government also funds a range of other departmental programs and initiatives that specifically focus on the health and wellbeing of children and young people, but which are not currently characterised as services. These activities are outside the scope of the proposed health and wellbeing service framework but are still important contributors to good outcomes for children and young people. They fall into three broad categories: programs that support access to services; advice lines; and place-based initiatives.

A brief description of each of these activities is provided in Appendix C.
3. Challenges and opportunities

The strong connection between health, wellbeing and optimal learning and development outcomes is an important focus for the Victorian government and a key driver for the development of a health and wellbeing service framework. Strong and supported health and wellbeing outcomes for children and young people are important for quality of life and life-long outcomes as well as being fundamental preconditions for learning and development. In the long-term, good health and wellbeing in children and young people helps them stay engaged and builds resilience so that they can successfully navigate the broad range of learning pathways and enjoy healthy and successful lives.

Aligning health and wellbeing services within the early childhood development and education context raises both challenges and opportunities. The first set of challenges revolve around re-examining the traditional understanding of how to address health and wellbeing issues of the 21st century such as obesity, mental health and health inequalities and embedding a strong focus on prevention and the promotion of optimum health, wellbeing, learning and development.

A further challenge is the need to clearly delineate the range of departmental health and wellbeing services and link these services with those provided by other departments or external bodies in order to offer a coordinated service to children, young people and their families.

Several themes have emerged from recent reforms and reviews of some health and wellbeing services or related consultations, highlighting challenges to improving outcomes for children and young people. These themes include the need for:

- greater consistency in the structure and content of health and wellbeing services, especially where similar populations are involved and goals are shared
- greater clarity about the respective roles and responsibilities of individual health and wellbeing services
- better information about, and linkages with, other services that are available to support children and young people
- better referral pathways between health and wellbeing services as well as with other external services
- mechanisms to establish stronger connections and partnerships with other services, families and communities
- improved service pathways to ensure equity of access for all children, young people and their families or targeted service delivery to high-needs populations where this is appropriate
- more integrated and focused support for children and young people, especially during critical transition points such as that of early childhood services to primary school, and primary to secondary school
- increased opportunities to build on and contribute to the Victorian government’s broader priorities and strategies including plans to co-locate and integrate early childhood services on or near school sites where feasible and the establishment of enhanced government school networks with a focus on improving learning outcomes across networks
- keeping pace with a rapidly evolving evidence base regarding good practice and interventions
- improved accountability structures such as the development of a common set of agreed measurable outcomes against which each service can account for their performance
- quality data and related infrastructure that appropriately supports planning, monitoring and evaluation activities.

The development of a health and wellbeing service framework will start the process of addressing these themes. The framework will draw attention to the common interests and shared features of the health and wellbeing services, as well as to the unique contributions made by each service.
4. Proposed elements of the health and wellbeing service framework

The health and wellbeing service framework seeks to provide an integrated approach to optimise children and young people’s outcomes by bringing together departmental health and wellbeing services under a shared vision and set of principles. This section sets out the proposed elements of the framework, which are:

- Shared principles for service delivery
- Common service delivery domains
- Stronger relationships and partnerships
- Effective leadership.

**Figure 3: Elements of the health and wellbeing service framework**

<table>
<thead>
<tr>
<th>Shared Principles</th>
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<tbody>
<tr>
<td><strong>Common Service Delivery Domains:</strong></td>
</tr>
<tr>
<td>- Health promotion and primary prevention</td>
</tr>
<tr>
<td>- Population health monitoring for children and young people</td>
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<tr>
<td>- Early identification of risk, vulnerability and need</td>
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<tr>
<td>- Early intervention for individuals at risk of compromised health and wellbeing</td>
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<tr>
<td>- Ongoing management, intervention and monitoring for those requiring complex responses</td>
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<tr>
<td>- Reducing barriers to learning and development</td>
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<tr>
<td>- Restoring wellbeing</td>
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4.1 Shared principles for service delivery

The first step in the development of a health and wellbeing service framework is to create a shared language and platform upon which services can work together to improve children and young people’s outcomes.

The goal of the proposed shared set of service delivery principles is that they are incorporated into the policies, guidelines, standards and practices that inform and constitute the day-to-day work of health and wellbeing services. It is expected that services will work individually and with each other to ensure that the principles become embedded across the services.
4.1. Universal access
Accessing health and wellbeing services should be quick and easy for all children, young people and families, regardless of socio-economic status, race, faith, culture, ability or geographic location.

It is important that there are no ‘wrong doors’ and that children, young people and families can be put in contact with the services they need, regardless of which service they first approach. However, some services are tailored for and target particular groups and therefore have specific criteria for access. This means that health and wellbeing services need to be well-informed about the range of services available and establish clear referral pathways both within the Department and with other external services. In addition, clear referral protocols need to be developed in a manner that service staff understand and apply consistently.

4.1.2. Focus on outcomes
Health and wellbeing services should be accountable for how they improve outcomes for children and young people and flexible enough to respond to changing needs. Services should have data collection, monitoring and evaluation processes in place that allow progress against these outcomes to be tracked.

The development of a set of agreed measurable outcomes across the services is a priority. A focus on outcomes will provide a shared basis for planning across the various health and wellbeing services and allow for greater consistency in the structure and content of services. Service planning should occur at a level that allows collaboration between the providers of health and wellbeing services and programs so as to offer a coordinated approach to improving outcomes. This should be informed by a common understanding of priority populations, local needs and the importance of prevention and health-promoting strategies.

Appendix D provides a snapshot of how each service currently impacts key outcomes for children and young people, as defined by the Victorian Child and Adolescent Outcomes Framework.

4.1.3. Evidence-based services
The activities of health and wellbeing services should be based on current and relevant evidence that identifies practices that are effective in improving outcomes for children and young people. Alongside the evidence base, high quality and reliable data are required to support regular performance monitoring. This ensures recommended practices are producing the intended effects and helps with future service planning.

At present, health and wellbeing services have evidence bases at varying stages of development. It is recommended that all services ensure they seek and use up-to-date information on the best assessment, advice, interventions, referrals and therapy for children and their families. Once the evidence base is established, it needs to be maintained and kept up to date.

Services also currently collect a range of data about their performance and may use several data collection systems. Establishing a common data set would also improve the quality and accuracy of information provided and allow for analysis of comparable data for health and wellbeing service planning and delivery.

4.1.4. Integrated approach to service delivery
An integrated approach to service delivery brings together services which have a common purpose and encourages partnerships between diverse services. Alignment can occur among services sharing goals, working towards the same outcomes, working with the same group of children, or located at a similar or complementary point on the continuum of service (for example, services working on prevention or early intervention, or all services working with primary school-aged children). To work together effectively, health and wellbeing services require a high level of knowledge of other services. They need to develop strong links with each other and establish mechanisms for the timely sharing of information, contacts and referrals, where required. Integration and coordination of services should occur whenever possible.

4.1.5. Child and family centred practice
Parents and families have the first and most enduring impact upon children and young people’s outcomes. It is essential that the central role of families in promoting the health and wellbeing of their children is recognised and that services see parents as partners in improving outcomes for children and young people. Information and options should be provided to families to empower them to be actively involved and make informed decisions about their children. Services should also recognise and respect the voices of children and young people, many of whom are able to participate in shaping their care and education arrangements.
4.1.6. Partnerships with communities
Improved outcomes for children and young people are the collective responsibility of families, the community and government, requiring shared action and accountability. The experiences and knowledge of community members and local groups can assist health and wellbeing services to understand the best ways to provide services, maximise participation and improve outcomes. Services should recognise, respect and encourage the involvement of communities in supporting children, young people and their families.

4.1.7. Commitment to workforce excellence
The quality of the workforce is a major factor for driving excellence in health and wellbeing services. Services must have a skilled and knowledgeable workforce which receives professional support and opportunities to engage in ongoing learning and development. Furthermore, services should provide clear roles and responsibilities for staff and employ appropriately skilled individuals to each role. Workforce planning must also take into account challenges in recruiting and retaining staff in some rural and remote areas. In addition, services should encourage greater cooperation and sharing of best practice among staff within services and across different services.

Discussion questions:

- Does the table at Appendix D outlining how each health and wellbeing service impacts key outcomes, as defined by the Victorian Child and Adolescent Outcomes Framework, reflect the health and wellbeing outcomes your services seek to achieve?
- What could be done to improve the access to and responsiveness of services for disadvantaged children and young people?
- Are there any principles that should be added or deleted?
4.2 Common service delivery domains

Departmental health and wellbeing services work in varied settings, involving different professions and spanning the broad age range from 0-18 years. Despite this wide scope, there are common themes in their areas of work.

Instead of considering services in programmatic terms (e.g. disability, mental health), it is proposed that a health and wellbeing service framework identifies domains of service delivery as the basis for a more integrated approach. This will provide greater clarity about the core roles and responsibilities of health and wellbeing programs and services in collectively improving outcomes for children and young people. While there are a number of common service delivery domains across the breadth of services, not all services will provide all domains of activity.

The work of health and wellbeing services can be understood as occurring in one or more of seven key domains:

Domain One: Health promotion and primary prevention

Health promotion and primary prevention involves providing information and engaging in activities that reduce the likelihood of poor health and wellbeing in children and young people and improves their capacity and that of their families to make good choices that result in strong outcomes. Examples include the Maternal and Child Health safe sleeping checklist, strategies to promote respectful relationships, mental health promotion activities, and health and sexuality education.

Domain Two: Population health monitoring for children and young people

Population health monitoring ensures that services are able to review the health of the population over time. Some health and wellbeing services are involved in monitoring the health of children and young people through the use of data. Examples include the School Entrant Health Questionnaire (SEHQ) or the monitoring of general health and wellbeing through the universal Maternal and Child Health Service.

Domain Three: Early identification of risk, vulnerability and need

Early identification of children and young people with developmental, learning, behavioural or health issues, through observation and assessment enables services to become involved earlier and work to prevent poor outcomes. Examples include: Maternal and Child Health Key Age and Stage consultations; the analysis of SEHQ data; cognitive, learning and speech pathology assessments; and the use of the Student Mapping Tool to collect data on key risks associated with early school leaving.

Domain Four: Early intervention for individuals at risk of compromised health and wellbeing

Early intervention involves responding to individuals with an established developmental, learning, behavioural or health need as soon as possible. It aims to positively shift the child’s developmental pathway and maximise outcomes that will impact upon their future. Examples include speech pathology delivered through Early Childhood Intervention Services and Student Support Services, and family support work undertaken by Primary Welfare Officers to address school attendance or bullying issues.

Domain Five: Ongoing management, intervention and monitoring for those requiring complex responses

The strategy for children, young people and families requiring complex responses is to plan, coordinate and monitor identified needs, making sure that the appropriate services can be accessed and that parents, children and young people receive the relevant necessary support. Examples include services provided by Early Childhood Intervention Services, student support groups for children with disabilities and Student Welfare Coordinators who may work with young people and families to address issues such as homelessness or mental health issues.

Domain Six: Reducing barriers to learning and development

Health and wellbeing services work to achieve successful learning outcomes by reducing barriers to learning and promoting engagement and achievement. For example, Student Support Services assist children and young people to achieve their educational and developmental potential through the provision of specialised support at an individual, group, school, network and regional level. Another example is the work of Early Childhood Intervention Services in supporting children with developmental delays to successfully participate in community based services such as kindergarten.
Domain Seven: Restoring wellbeing

Restoring wellbeing involves supporting children, young people, their families and the community, such as the school community, after emergency situations, natural disasters or potentially traumatic incidents such as assault, death by suicide, accident or illness. Examples include services offered by Secondary School Nurses, Student Support Services staff and School Chaplains that helped address the health and wellbeing needs of those affected by Victoria’s bushfires.

4.2.1 The domains in practice

Each health and wellbeing service generally works across multiple service delivery domains. Some services specialise in just one or two domains while others, such as Secondary School Nurses or Student Support Services may work across many. For the purpose of developing a health and wellbeing service framework, the use of domains is proposed to help identify each service’s core business. This, in turn will be used to clarify the outcomes each service aims to achieve and the other services with which they should link to deliver child and family centred services that will improve outcomes for children and young people.

The key service domains can also be used to:

- clarify the roles and responsibilities of health and wellbeing services
- identify gaps and duplication in services
- support planning and decision-making about how best to use existing resources
- identify management and governance issues and opportunities, such as possibilities for further alignment or partnerships with other services.

The spread of services across domains should be tailored locally and regionally to match the health and wellbeing needs of the community.

Appendix E sets out how health and wellbeing services currently focus on the proposed common service delivery domains.

Discussion question:

- Do the proposed service delivery domains broadly reflect the work undertaken by health and wellbeing services? Are there any major areas of work not covered?
4.3. Stronger relationships and partnerships

An important objective of the health and wellbeing service framework is to strengthen linkages and partnerships between the various health and wellbeing services and with other workforces within and outside the Department in order to improve outcomes for children and young people. Building partnerships and relationships, and improving referral pathways are essential to build and enhance the delivery of services to children, young people and families.

Many teachers are involved in prevention activities and health promotion such as the teaching of health or sexuality education, often in conjunction with health and wellbeing services. In addition, early childhood educators and primary and secondary teachers have an important role in the early identification and referral of children and young people who are vulnerable and at risk. It is therefore important that all early childhood educators and school teachers are fully aware of the range and types of health and wellbeing services available to Victoria’s children and young people and how to access support services when needed. This suggests that stronger links and relationships between early childhood and education workforces, and health and wellbeing services will make an important contribution to a more coordinated and integrated health and wellbeing service system.

In addition to health and wellbeing services, there are a range of other services that play a key role in optimising the health and wellbeing of children and young people. These workforces are managed by other government departments, non-government agencies or private organisations and individuals. While the proposed framework will focus on departmental health and wellbeing services, achieving the goal of a coherent and coordinated system which includes all health and wellbeing services available to children and young people will involve further efforts to map other services and ways in which services can link together. This requires higher quality information about other services and involves participation of the health and wellbeing services in local and regional networks and partnerships.

It is also necessary to set up mechanisms for establishing stronger connections and partnerships with families and communities. Strong partnerships will help provide a more effective and responsive health and wellbeing service system and improve referral pathways.

Discussion questions:

- What is the best way to inform early childhood educators and primary and secondary teachers about health and wellbeing services?
- How can health and wellbeing services better support educators to improve children and young people’s health and wellbeing?
- What may be the challenges for your service in building stronger partnerships with other services?
- What else needs to be done to start building stronger partnerships between departmental health and wellbeing services and the broader health and wellbeing system that supports children and young people?
4.4. Effective leadership

It takes strong leadership and good governance to forge high quality services and promote collaboration and partnerships. Effective leadership is fundamental to the health and wellbeing service framework. Managers and leaders of health and wellbeing services at both regional and local levels will have the responsibility of implementing the changes required to create a coherent and coordinated health and wellbeing service system and support workforces throughout the transition. Strong leaders will encourage and support collaboration and coordination amongst the services and embed a shared vision and principles in practice.

The development of a health and wellbeing service framework calls for leadership that values partnerships, sets high standards for staff, commits to developing a learning culture involving continuous improvement, values innovation and fosters the flexibility needed to implement change.

Effective leaders establish good working relationships with partners based on a shared purpose, mutual trust and respect and appreciate the individual contributions of workforces and services. They seek to understand each partner’s culture and organisational arrangements and to develop mutual understanding of roles and responsibilities as well as establish a shared language with which to integrate and coordinate services.

A priority for managers and those involved in governance arrangements is to intensify the level of support offered to children and young people during critical transition points. This entails improving communication among the varying health and wellbeing services working with children and young people at these junctures so as to provide seamless and coordinated responses to their needs.

Discussion questions:

- How should the framework be embedded within existing regional and local government planning of health and wellbeing services?
- What may be the challenges in ensuring that appropriate governance structures and effective leadership are developed for health and wellbeing services?
5. How to contribute your views

Feedback on the proposals within this Discussion Paper is welcomed.

Preferred method of sending feedback

If possible, please provide your feedback via the online survey available on the website.


Additional methods

If you wish to provide feedback via alternative methods, the feedback sheet provided in Appendix E may be useful. It can be submitted by:

Email:    health.wellbeing.feedback@edumail.vic.gov.au
Fax:      (03) 9637 2353
Mail:     Health and Wellbeing Service Framework Project Manager
          Child and Adolescent Health and Wellbeing Division
          Office for Children and Portfolio Coordination
          GPO Box 4367
          Melbourne 3001

The consultation period closes on Friday 23 April, 2010. All feedback must be received by close of business on this date.

Once the consultation is complete, the feedback will be analysed and used to help develop the health and wellbeing service framework.

The Health and Wellbeing Service Framework is scheduled for publication in July 2010.
Appendix A: The health and wellbeing service policy context

The development of a health and wellbeing service framework is informed by a substantial policy context and is strongly connected to Victorian government and national priorities. The policy context frames and significantly informs the objectives and delivery of the health and wellbeing services.

The Victorian government, through the Department, has implemented or is developing a significant range of policies and frameworks at both Victorian and national levels that support improved health, wellbeing, learning and development outcomes for children and young people including:

- The Blueprint for Education and Early Childhood Development\(^1\), which sets out the vision of the Victorian government that every young Victorian should be given the opportunity to thrive, learn and grow to enjoy a productive, rewarding and fulfilling life, while contributing to their local and global communities. The Blueprint brings together education and early childhood objectives to create a strong agenda for the improvement of learning and development outcomes, supporting children and their families from birth to adulthood.

- The Victorian Statement on Early Childhood Development Growing, Learning and Thriving: Building on Victoria’s Achievements in Early Childhood Development\(^2\), which outlines the Government’s vision to achieve increased access to high-quality early childhood health, education and care for all Victorian children and to improve outcomes for disadvantaged young Victorians. It signals the next wave of reform to drive improvement in early childhood outcomes, including immediate priorities and longer term reform directions.

- The Victorian Early Years Learning and Development Framework\(^3\), released for trial in 2009, which is designed to help families and early childhood education and care professionals to work in partnership to promote the learning and development of children aged 0-8. The framework describes the key knowledge and skills that children will acquire during this stage and identifies how children best acquire these building blocks of future development.

- Transition: A Positive Start to School\(^4\), which aims to improve children’s experience of starting school by providing families, early childhood educators and Prep teachers with information about the learning and development needs of individual children who are starting school. The process includes a partnership protocol for early childhood services, early intervention services, preschool field officers, and schools to work together in implementing transition support plans for children with significant disabilities and their families.

- Improving Victoria’s Early Childhood Workforce: Working to give Victoria’s children the best start in life\(^5\), which focuses on supporting the development of the early childhood workforce including early childhood educators, early childhood intervention workers, Maternal and Child Health nurses, preschool field officers, inclusion support facilitators, Aboriginal early childhood workers and Best Start facilitators. It focuses on actions to respond to increased demand for qualified early childhood educators, improve the quality of services and meet the challenges of integrated practice.

- A Fairer Victoria 2009\(^6\) (AFV), the Victorian government’s social inclusion policy, which aims to reduce disadvantage and increase opportunities for all Victorians. It focuses on improving outcomes in the areas of mental health, homelessness, disability services, Indigenous health and the protection of vulnerable children. Supporting AFV, the following policies have significant relevance to the provision of health and wellbeing services:

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• The *Autism State Plan*\(^7\) which was developed in partnership with Autism Victoria to strengthen services and support and build new and better approaches to meeting the growing and complex needs of people with Autism Spectrum Disorder (ASD) across the life course.

• *Because Mental Health Matters: the Victorian Mental Health Reform Strategy 2009-2019*\(^8\), which outlines a whole-of-government reform agenda including the development of a broader system of child and youth mental health care between the ages of 0-25, emphasising prevention, early intervention, age-appropriate responses and continuity of care across the range of mental health issues.

• The *Vulnerable Youth Framework Discussion Paper*\(^9\), which outlines the basis for the development of the Vulnerable Youth Framework to guide and strengthen action across state and local government and communities, including schools, to better respond to the needs of vulnerable young people from late primary school and into adulthood.

• The whole-of-government strategy for children and young people aged 0-18 with a disability or developmental delay, which is currently being developed. The strategy will be underpinned by timely intervention and support, a lifecycle approach to services addressing specific developmental needs and transitional stages, better coordinated services across government agencies, and active support for children and their families to build their capabilities for more independent living.

• *Maternal and Child Health Key Ages and Stages Framework*\(^10\), which is based on an outcome-focussed, child and family-centred model of service delivery. The framework includes a standardised primary and secondary developmental assessment tool and affirms the importance of the provision of consistent and relevant health information in the context of evidenced-based interventions and health promotion activities.

• *Strengthening Student Support Services: The way forward*\(^11\) directions paper, which outlines the key components of an enhanced program model for student support services.

• *Effective Schools are Engaging Schools: Student Engagement Policy Guidelines*\(^12\), which support all schools to create positive school cultures recognise that some children and young people will encounter barriers to learning and will require additional support.

• The *Victorian Child and Adolescent Outcomes Framework*\(^13\), which sets out 35 outcomes for Victoria’s children that are known to be of most importance to their present and future lives across aspects of safety, health, development, learning and wellbeing.

• The *Victorian Family Partnership Framework*, which is currently being developed and will provide guidance for schools and early childhood services to work in partnership with families to maximise the learning potential of children and young people.

• The *Early Childhood Intervention Services Quality Assurance Framework*, which is at planning stage and will strengthen the quality of the existing early childhood intervention services across Victoria. It will cover outcomes for children, families and community, program standards, best practice guidelines for workers, and an evaluation and performance monitoring system to support ECIS accountability.

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Appendix B: Health and wellbeing services

Maternal and Child Health Service
The Maternal and Child Health Service (MCH) is jointly funded by the Victorian Government and local government. It provides health promotion, prevention, early detection and intervention for physical, emotional and social factors affecting children from 0–6 years and their families. The MCH service has a universal component that consists of ten key age and stage visits and a flexible component that allows services to respond to local needs and priorities. An enhanced service is also available for vulnerable children and families experiencing one or more risk factors and for Indigenous families who require additional support. The Victorian Government funded $49m in 2009–10; the budget including local government funding is over $87m.

Early Childhood Intervention Services
Early Childhood Intervention Services (ECIS) provides support to children aged 0–6 years with a disability or developmental delay and to their families, from birth to school entry. Services include special education, therapy, counselling, service planning and coordination, assistance and support to enable children to successfully participate in community based services, such as kindergartens, child care and playgroups. Priority of access to ECIS is based on very high or complex needs; critical transition points; safety issues; child in or entering out-of-home care; Aboriginal and Torres Strait Islander origin. One third of services are provided by the Department's internal specialist children’s services teams with the remainder provided by external non government agencies. Funding for the Department’s component of ECIS and Kindergarten Inclusion Support Services in 2009–10 was $60.3m.

Primary School Nursing
The Primary School Nursing Program (PSNP) offers a universal screening service to Prep children in primary schools in State, Catholic and Independent schools and English Language Centres and provides assessment and support for children in grades 1–6 where a parent, teacher or nurse identifies a concern. The PSNP is designed to identify children with potential health related learning difficulties and to respond to parents’ concerns and observations about their children's health and wellbeing. Parents’ concerns and observations are collected through the School Entrant Health Questionnaire (SEHQ) at the commencement of the first year of school and follow up health assessments are conducted. Services provided by nurses through the PSNP include:

- Responding to health issues raised through the SEHQ
- A vision screening test
- A hearing and oral health check for children where concerns have been identified
- Advice to parents and teachers
- Development of strategies to assist families in accessing specific local family support services
- Referral of identified conditions to another health service where appropriate for further assessment and therapy
- Health education and health promotion

The PSNP received $6.8m in government funding for 2009–10.

Primary Welfare Officers
The program provides support to schools where the student population faces educational disadvantage. Primary Welfare Officers coordinate the school’s wellbeing team; organise and deliver (frequently alongside classroom teachers) primary prevention and early intervention programs targeting life skills, attendance, engagement and transition from both pre-school to Prep and Year 6 to secondary school; provide early intervention support for groups of at-risk children; and coordinate external program providers and welfare support in the school. In 2009–10, $20.3m was allocated to fund full or part time Primary Welfare Officers in 450 high need Victorian government primary schools.

Secondary School Nursing
The Secondary School Nursing program aims to reduce risk to young people and promote better health in the school community. The program focuses on health promotion to improve primary health care, primary prevention and early intervention in targeted secondary schools in Victoria. The Secondary School Nursing program received $9.4m in 2009–10.
Student Welfare Coordinators
There is a Student Welfare Coordinator role in all Victorian government secondary schools. Student Welfare Coordinators provide support to students who are at risk of disengagement from school and who are not achieving their educational potential because of issues such as truancy, bullying, drug use and depression. Student Welfare Coordinators work directly with students or contact other services to provide appropriate advice and support. The amount of time allocated to the role varies across schools. In 2009–10, $12.2m was allocated to fund the Student Welfare Coordinators.

Student Support Services
Student Support Services staff provide services across all Victorian government schools to support children and young people with additional learning or wellbeing needs or at risk of disengagement, and to strengthen the capacity of schools to engage all students in education. Student Support Services staff comprise psychologists, guidance officers, speech pathologists, social workers, visiting teachers, and other related professionals. The work of Student Support Services assists children and young people facing a range of barriers to learning to achieve their educational and developmental potential through the provision of specialised support at an individual, group, school, network and regional level. In 2009–10, the Victorian Government allocated $59.9m to student support services, which funds approximately 550 full time Student Support Services Officers.

School Chaplaincy Program
School chaplains assist a number of Victorian schools and their communities to support the wellbeing of students, including providing guidance about ethics, values, relationships, spirituality and religion, as well as pastoral care and community building. In 2009-10, $310,000 was allocated by the Department to administer the chaplaincy program in Victorian government schools. Funding has also been provided by the Australian Government’s National Schools Chaplaincy Program which has enabled the engagement of 204 chaplains in 161 primary, 94 secondary, 6 specialist and 15 P–12 Government schools in Victoria.

School-appointed wellbeing and engagement staff
School-appointed wellbeing and engagement staff support the students’ wellbeing and engagement needs within individual schools, and comprise a variety of professional staff including nurses, youth workers, psychologists and integration aides, depending upon local school needs. The work of these health and wellbeing professionals is funded by individual schools from funds in their Student Resource Package.
Appendix C: Other relevant Departmental programs and initiatives

1. Programs

Program for Students with Disabilities
The Program for Students with Disabilities is for a defined student population with moderate to severe disabilities. The Program supports the education of these students in Victorian government schools by providing schools with additional resources. Resources are provided to schools to assist in the education of students with disabilities, not to individual students, and cannot be transferable to other organisations. Students with a disability and additional learning needs are eligible for the Program for Students with Disabilities, provided they meet one of seven eligibility criteria based on guidelines set by the World Health Organisation and designed to identify that group of students with moderate to severe disabilities.

Incorporated within this initiative is the Language Support Program, which provides resources and professional development for school-based teachers to build their capacity to support students with a language delay, disorder or difficulty to gain oral language to maximise their learning potential. It is founded on a framework of empirical evidence, which acknowledges that improved teacher knowledge and skills, conveyed in explicit teaching, respond to students’ readiness to learn, and result in positive learning outcomes. In 2008–09, the Government invested $417 million in the Program for Students with Disabilities, including $31 million for the Language Support Program.

School Care Program
The School Care Program enables nursing staff employed within the Royal Children’s Hospital and other medical agencies to train school staff so they can ensure individual students with complex medical needs are appropriately cared for while they are at school. Examples of complex medical needs include tube feeding and gastrostomy feeding. In 2008–09, the program received $300,000 in Victorian Government funding.

Kindergarten Inclusion Support Services - Packages
Kindergarten Inclusion Support Services provide support and professional services to children with additional needs and disabilities to improve their access and participation in funded kindergarten programs. Inclusion fosters the development of a sense of belonging and accepts and respects individuality and diversity, in order to promote a culture of interaction and learning. Kindergarten Inclusion Support Packages and the Preschool Field Officer Program are part of this program of services.

Kindergarten Inclusion Support Packages offer assistance to funded kindergarten programs to support initiatives that facilitate the inclusion of children with severe disability and high support needs to access a kindergarten program. The package of support may provide specialist training for current kindergarten staff to facilitate the participation of a child with severe disability, additional resources and equipment, or an additional staff member within the kindergarten program to enable all children to benefit from opportunities provided by a kindergarten experience.

Kindergarten Inclusion Support Services Program is jointly funded by the Australian and Victorian Governments, and in 2008-09 it granted 607 packages supporting 721 children within a budget totalling $4.7 million.

The Preschool Field Officer Program
The Preschool Field Officer Program provides support to children with additional needs to access and participate in state funded kindergartens programs through the provision of consultative support, resourcing and advice to kindergarten teachers and families. The 2008/09 budget for this program was $4.8 million.

Early Childhood Intervention Services Flexible Support Packages
Early Childhood Intervention Services Flexible Support Packages (ECIS FSP) were first rolled out in 2005-06 as part of A Fairer Victoria: Creating Opportunity and Addressing Disadvantage. $1.9 million was allocated to provide individually tailored support packages for families with a child with a serious disability, aged between birth to 6 years and not attending school, thereby easing the burden on parents and carers. A further 150 ECIS FSP Packages were introduced in 2006 raising the total budget to $2.75 million. ECIS FSP are delivered through Community Service Organisations across the State. Package implementation is conducted using a family centred approach that recognises that families have the skills, strengths and abilities to identify their own needs and works towards bringing positive change that builds and strengthens family independence. ECIS FSP funding is short-term and targeted in nature and is not considered as an ongoing source of funding for long-term service involvement.
2. Advice lines

Parentline
Parentline enhances the skills and knowledge of Victorian parents and carers of children and young people aged 0–18 years by providing information, advice and referral on parenting issues that is culturally sensitive, anonymous, confidential and non-stigmatising. In 2009–10, $678,000 was allocated to Parentline to provide a telephone information service staffed by psychologists and social workers (8.5 EFT).

MCH Line
This telephone service provides advice, support and referral for families with children aged 0–6 years, and is an adjunct to the universal Maternal and Child Health Service described above. In 2009–10, $2.44m was allocated to fund the MCH Line, which employs 17.5 maternal and child health nurses.

3. Place-based initiatives

Best Start
Best Start aims to improve the health, development, learning and wellbeing of all Victorian children aged 0 to 8 years by building partnerships between councils, early childhood services, parents and local communities. The Best Start Partnerships bring together key groups who are involved in and can impact upon the day-to-day lives of young children and their families. It seeks to provide the best possible environment, experiences and care for young children and works on improving universal early-years services so that they are responsive to local needs.

Best Start has a strong emphasis on prevention and early intervention and high need communities are targeted, such as Indigenous communities, non-English speakers, children with disabilities and children requiring complex responses.

Supported Playgroups and Parent Groups Initiative
The Supported Playgroups and Parent Groups initiative is a Victorian government initiative within 29 municipalities that are also Best Start sites. The initiative aims to provide quality play opportunities for children aged 0-4 through playgroups. These opportunities foster children's language development, develop their motor skills, expose children to positive sensory experiences and improve social skills. It also builds links for vulnerable families into the early years system (e.g. MCH, kindergarten), and provides families with opportunities to establish friendships and long-term social supports and to develop parenting skills, capacity and confidence. In 2009–10 the initiative was allocated $1.9m in Victorian Government funding.

School Focused Youth Service
The School Focused Youth Service operates in 41 locations across Victoria. The program develops partnerships between the Department and health and welfare services operated by other departments, local governments or non-governmental organisations so they can jointly deliver preventative and early intervention strategies for young people aged between 10–18 years who are at risk of developing behaviours that may make them vulnerable to self harm, disengagement from school, family or community, or who are displaying behaviours that require support. In 2009–10, $7.02m was allocated in Victorian Government funding.
### Appendix D: Links to the Victorian Child and Adolescent Outcomes Framework

<table>
<thead>
<tr>
<th>Focus</th>
<th>Outcome</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MCH</td>
</tr>
<tr>
<td>Child</td>
<td>Optimal antenatal and infant development</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adequate nutrition</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Free from preventable diseases</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Optimal social and emotional development</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Healthy teeth and gums</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Healthy weight</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Optimal physical health</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Optimal language and cognitive development</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Adequate exercise and physical activity</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Positive child behaviour and mental health</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Successful in literacy and numeracy</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Safe from injury and harm</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Pro-social teenage lifestyle and law abiding behaviour</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Healthy teenage lifestyle</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Teenagers able to rely on supportive adults</td>
<td>✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Young people complete secondary education</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Family</td>
<td>Healthy adult lifestyle</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Parent promotion of child health and development</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Good parental mental health</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Free from abuse and neglect</td>
<td>✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Free from child exposure to conflict or family violence</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Ability to pay for family essentials</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adequate family housing</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Positive family functioning</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Focus</td>
<td>Outcome</td>
<td>Service</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MCH</td>
</tr>
<tr>
<td>Community</td>
<td>Safe from environmental toxins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communities that enable parents, children and young people to build connections and draw on informal assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accessible local recreation spaces, activities and community facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low levels of crime in the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality antenatal care</td>
<td></td>
</tr>
<tr>
<td>Supports and Services</td>
<td>Early identification of and attention to child health needs</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>High-quality early education and care experiences available</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adequate supports to meet needs of families with children with disabilities</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adequate adult health and community services to meet needs of parents critical to parenting</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adequate supports for vulnerable teenagers</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Note:** School-appointed health and wellbeing staff can represent any service type (either departmental or part of the wider health and welfare system), dependent on the individual’s needs. They are not included here as a distinct activity.

**Key**

- **MCH:** Maternal and Child Health
- **ECIS:** Early Childhood Intervention Services
- **PSN:** Primary School Nursing
- **PWO:** Primary Welfare Officers
- **SSN:** Secondary School Nursing
- **SSSO:** Student Support Services Officers
- **SWC:** Student Welfare Coordinator
- **Chap:** School Chaplains

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Outcome focused upon by four or more services</td>
</tr>
<tr>
<td>✓</td>
<td>Outcome currently not focused upon by any service</td>
</tr>
</tbody>
</table>
### Appendix E: Service delivery domains across health and wellbeing services

<table>
<thead>
<tr>
<th>Service delivery domain</th>
<th>Direct service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MCH</td>
</tr>
<tr>
<td>1 Population health monitoring</td>
<td>✓</td>
</tr>
<tr>
<td>2 Health promotion and primary prevention</td>
<td>✓</td>
</tr>
<tr>
<td>3 Early identification of risk, vulnerability and need</td>
<td>✓</td>
</tr>
<tr>
<td>4 Early intervention</td>
<td>✓</td>
</tr>
<tr>
<td>5 Ongoing management, treatment and monitoring for those requiring complex responses</td>
<td>✓</td>
</tr>
<tr>
<td>6 Reducing barriers to learning</td>
<td>✓</td>
</tr>
<tr>
<td>7 Restoring wellbeing</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** School-appointed health and wellbeing staff can be from any service (either departmental or part of the wider health and wellbeing system), depending on the individual’s needs. They are not included here as a distinct activity.

**Key**

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Appendix F: Feedback form

Shared principles for service delivery

Does the table outlining how each health and wellbeing service impacts key outcomes as defined by the Victorian Child and Adolescent Outcomes Framework (Appendix D) reflect the health and wellbeing outcomes your services seek to achieve?


What could be done to improve the access to and responsiveness of services for disadvantaged children and young people?


Are there any principles that should be added or deleted?


Towards a health and wellbeing service framework
Common service delivery domains

Do the proposed service delivery domains broadly reflect the work undertaken by health and wellbeing services? Are there any major areas of work not covered?


Stronger relationships and partnerships

What is the best way to inform early childhood educators and primary and secondary teachers about health and wellbeing services?


How can health and wellbeing services better support educators to improve children and young people’s health and wellbeing?
What may be the challenges for your service in building stronger partnerships with other services?

What else needs to be done to start building stronger partnerships between departmental health and wellbeing services and the broader health and wellbeing system that supports children and young people?

**Effective leadership**

How should the framework be embedded within existing regional and local government planning of health and wellbeing services?
What may be the challenges in ensuring that appropriate governance structures and effective leadership are developed for health and wellbeing services?