



Supporting parents, supporting children: A Victorian early parenting strategy

For early parenting services providing specialist support to vulnerable children and families from pregnancy to pre-school

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2010 — Stage 1: Building the foundation for change

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Minister's foreword

Parents play a fundamental role in nurturing and developing their children in the first years of a child's life. Being a new parent can be both an exciting and challenging time. For some families who are already struggling with complex issues in their life, transiting into the role as a parent can be overwhelming.

Current infant and early childhood research highlights the strong connection between the experience of positive early parenting and beneficial outcomes for children. Parents need to establish a safe, secure and nurturing relationship as early as possible in the life of their new baby in order to promote healthy development and positive future outcomes as their child grows.

In supporting vulnerable parents in the early years of their child's life, from pregnancy through to preschool, we can provide a positive and effective step to helping children to develop and thrive. For this reason the Victorian Government is committed to providing every child with the best possible start in life by providing parents with the support they need to build their confidence and parenting skills to effectively care for their children.

Over the last decade, significant investment has been made in earlier intervention strategies and connecting vulnerable families with the services they need, when they need them. Early parenting services, including early parenting centre services and parenting assessment and skill development services, play a pivotal role in the child and family service system in Victoria. These services, by providing intensive parenting support within the community, assist vulnerable families to nurture their children. They also support child protection, the Children's Court and other services in their decision making about the best interests of a child.

The *Supporting parents, supporting children: A Victorian early parenting strategy* outlines our vision to create a contemporary early parenting services system in Victoria. This strategy provides a new direction for the development of a range of specialist, intensive parenting support services for vulnerable families to help parents from pregnancy through to when their children are four years of age. The strategy aims to explore services that are tailored to the individual needs of families, culturally appropriate and accessible across the state.

This strategy is the first stage of the vision for Victorian early parenting services and is focused on building the foundation for change. It provides the policy platform to build a statewide integrated early parenting service system and to explore new and innovative ways to provide parents with the support they need to promote a safe, nurturing and positive home environment.

My thanks go to all those who have contributed to this strategy, for demonstrating a commitment to promoting the best interests of children and improving the outcomes of vulnerable Victorians.

I look forward to continuing to work together to implement the *Supporting parents, supporting children: A Victorian early parenting strategy*.



Hon Lisa Neville MP
Minister for Community Services



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Preface

In 2008, the Victorian Department of Human Services began developing a strategy, which we now know as the *Supporting parents, supporting children: A Victorian early parenting strategy* (VEPS), in partnership with the state's early parenting centres (EPC), to improve service approaches to better meet the needs of vulnerable children and their families across the state.

The scope of the strategy expanded in 2009 to include parenting assessment and skill development services (PASDS) provided by community service organisations to promote a contemporary, integrated statewide early parenting system in Victoria specifically targeted to supporting vulnerable children and families.

This document outlines stage 1 of this vision and provides a framework for establishing a statewide platform for change within EPC services and PASDS. Stage 2 will build on this platform to articulate a longer term vision for early parenting services to meet future service needs.

Acknowledgements

We would like to thank everyone who contributed directly or indirectly to the development of the VEPS who generously shared their ideas, experiences and considerable expertise.

Developing the VEPS would not have been possible without the support, advice, commitment and partnership of all the members of the VEPS reference and working groups (past and present) who have been willing to take this journey with us. Their ongoing investment in this strategy is indicative of their shared commitment to improving services for Victorian families. A list of the reference group membership is attached (Appendix 4).

Special thanks goes to the chief executive officers, directors of nursing and staff of the Victorian EPCs and the chief executive officers, program managers and staff of the community service organisations providing PASDS across Victoria. Their willingness to continue to work in partnership with the Department of Human Services, share their extraordinary knowledge and expertise to establish a statewide direction for early parenting services within Victoria, is both acknowledged and appreciated.

We also extend our thanks to the many other people within government, community services, child and family programs and board members, who have contributed considerable time, knowledge and expertise to the development of this strategy over the last two years.

Executive summary

The *Supporting parents, supporting children: A Victorian early parenting strategy* (VEPS) has been developed in partnership with funded community service organisations (CSOs), and health services providing early parenting centre (EPC) services¹ and parenting assessment and skill development services (PASDS)² to respond to the changing needs of Victorian families.

Stage 1 of the VEPS details a platform for establishing a contemporary, evidence-based, culturally appropriate, statewide integrated early parenting service system in Victoria. It is specifically targeted to assist services responding to the needs of vulnerable parents, from pregnancy to when their children are four years of age.

Policy and legislative context

The VEPS is underpinned by recent policy and legislative reforms aimed at promoting earlier intervention and more timely and effective services for vulnerable children and families.

A Fairer Victoria highlights the Victorian Government's commitment to giving every child the best start in life by enabling vulnerable families to access the universal and specialised services they require, when they need them.

The Children Youth and Families Act 2005 and *Child Wellbeing and Safety Act 2005* acknowledge the importance of safety, stability and development as key foundations for early childhood. These Acts promote a more child focused, integrated child and family service system, which views a child's best interests as paramount in decision making about their care.

As part of the *Directions for out-of-home care 2009* policy agenda approaches are being piloted to develop and redesign child and family services to prevent entry to care or to support family reunification by supporting parents to build their capacity to provide a safe and nurturing home environment.

These policy and legislative changes support the public health model for protecting children outlined in the *National framework for protecting Australia's children 2009-2020*. Under the public health model, priority is placed on having universal supports, such as health and education services, available and accessible for all families. Intensive secondary services, such as family and early parenting services, are required for families that need additional assistance on a voluntary basis. These services are focused on prevention and earlier intervention. Tertiary services, such as child protection, are viewed as a last resort, and the least desirable option for families, but remain an essential element of the service continuum.

A place for early parenting services in Victoria

Victoria has a strong history of providing a wide range of parenting and early childhood services to support families with infants and young children.

EPC day stay, residential, group and home-based services are pivotal secondary support services due to the expertise and focus on infant health and development and promoting family wellbeing and parent infant attachment. These services are focused primarily on providing earlier intervention and prevention, through the delivery of intensive parenting support for vulnerable families, from pregnancy to when their child is four years of age.

¹ EPCs in Victoria include Mercy Health O'Connell Family Centre, the Queen Elizabeth Centre (QEC), and Tweddle Child and Family Health Service (Tweddle).

² Victorian PASDS providers include Bapcare, Child and Family Services Ballarat, City of Greater Geelong, Connections UnitingCare, FamilyCare, QEC, St Lukes Anglicare, Tweddle and Warrnambool City Council.

The aim of these services is to build family resilience and parenting capacity to:

- reduce and prevent the need for further specialist or tertiary level services
- assist in the engagement with child protection services, when significant wellbeing and/or protective issues arise.

The PASDS program is a targeted service to support vulnerable, high risk infants involved with child protection services across the state. PASDS are provided in the family's home or in a community residential setting. This specialist service receives referrals from child protection high risk infant teams for vulnerable infants and toddlers from birth to two years of age, but may include three year old children where appropriate.

A key feature of the PASDS program is the specialised, independent assessment provided through this service which significantly contributes to decision making about the best care for a child, under the Children, Youth and Families Act. Child protection and the Children's Court of Victoria use PASDS assessments to ensure appropriate supports are provided for these vulnerable children and their families.

PASDS also provide direct support to develop parent's skills and capacity to be able to independently care for their child/children in the community.

A growing evidence-base for early parenting services

There is now a growing body of evidence, both empirical and scientific, strongly suggesting that early childhood safety, stability, development and the attachment relationship between an infant and carer are critical elements for establishing the foundation for positive learning, behaviour and health through a child's school years into adult life (Phillips and Schonkoff, 2000).

Abusive and traumatic experiences, such as exposure to family violence and child abuse, in the first three years of life can have long lasting effects on brain development and may result in ongoing behavioural and learning problems, substance abuse, involvement in crime, and poor physical and mental health (Department of Human Services (DHS) 2008; Perry 2002; Zeanah & Zeanah, 2005).

Vulnerable children and their families need access to a range of high quality, flexible, culturally appropriate and responsive early parenting support services that are delivered by qualified and experience staff with knowledge of early childhood development. It is now clear that services must work in partnership with families for long enough periods of time to make a real difference in a child's life and to support the family to make sustainable and permanent changes for the better (Stafford, Zeanah & Zeanah, 2005).

By reinforcing the importance of services that can assess an infant's and family's needs and build the parent infant bond, this research provides the foundation to explore new and innovative early parenting service models to better meet the diverse needs of vulnerable children and families in Victoria through implementing the VEPS.

Drivers for change

There is a need to contemporise early parenting services to improve services responses to better meet the needs of vulnerable children and families across the state. There are a number of critical service drivers underpinning this need to change, including:

- a significant increase in the birth rate in Victoria
- a new understanding of the benefits of early parenting services, which is impacting on waiting times and leading to increasing demand for current services
- the need to expand and enhance the current range of service responses available to ensure they are easily accessible to vulnerable children and families across the state
- limited service integration and coordination between early parenting services statewide, due in the main to historical policy, program and funding guidelines
- a need to improve referral and information sharing processes with other services involved with vulnerable children and families, particularly services which are also undergoing significant change such as: child protection, family services, out of home care, disability, mental health, maternity services, maternal and child health and early childhood development services
- emerging service and workforce issues, including the need to build a sustainable, multi-disciplinary and culturally competent early parenting service workforce and the need to ensure adequate facilities, infrastructure and resources are in place to appropriately support agencies to continue to provide quality services.

Over recent years there has been a significant increase in the birth rate in Victoria, particularly in outer urban regions. Projections indicate that between 2006 and 2021 the number of children from birth to four years of age will increase in Victoria by 21 per cent (Department of Planning and Community Development (DPCD), 2009). Whilst not all these families will require parenting support, this increase will place additional demand on early parenting services.

Families accessing early parenting services present with a range of problems that impact on their parenting ability including mental health, family violence, substance abuse, disability and/or unstable housing. This complexity requires a range of service responses.

The changing cultural diversity of Victoria's population in recent years means there is also a need for services to be more responsive to new cultural groups, including families from refugee backgrounds (Victorian Multicultural Commission, 2008).

Aboriginal and Torres Strait Islander³ children and families in particular continue to be overrepresented in child protection services in Victoria and underrepresented in antenatal, family and parenting services. This highlights the need to work with Aboriginal communities as we implement this strategy to ensure that culturally competent services are developed that meet the needs of Aboriginal families.

The Children, Youth and Families Act includes the capacity for reports about risks to unborn children to be made to child protection. This has also highlighted the need for antenatal parenting support for high risk pregnant women identified through these reports.

³ The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders

Setting the direction

The vision for Victoria's early parenting services is for:

Vulnerable parents, from pregnancy to when their children are four years of age, to have access to early parenting services across the state that meet their current and future needs in order to promote their children's best interests.

Services provided need to include secondary services that have a focus on earlier intervention⁴ and preventing issues facing families from escalating through to intensive parenting support services for children and families involved with child protection focused on placement prevention and reunification.

Stage 1 of the VEPS set out three key focus areas for change, which will provide a platform to achieve this vision:

1. Strengthen the integration of early parenting services within the Victorian child and family service system.
2. Enhance the range of early parenting services to effectively respond to the changing needs of vulnerable children and their families.
3. Build service and workforce capacity to continue to promote service quality and innovation.

Each of these key focus areas are outlined in further detail below.

Stage 2 of the VEPS will build on the platform established through stage 1 of the strategy to provide a longer term vision for early parenting services to meet future service needs. Work will continue with early parenting services and other child and family services, including Aboriginal community controlled organisations (ACCOS) and other culturally specific services to further inform stage 2. A comprehensive review of research and evaluation of existing services will also inform this stage.

⁴ Earlier intervention in this context refers to interventions that occur when a when a child's or family's vulnerability has been identified. Early parenting services will provide critical, timely and responsive services before risks and concerns escalate and further specialist or tertiary interventions are required. By contrast the term early intervention refers to intervention at a stage before vulnerability has been identified and therefore applies to more universal services.

Key focus areas

1. Strengthen the integration of early parenting services within the Victorian child and family service system

Objectives

- ensure a consistent high quality early parenting service is provided across Victoria to respond to the changing needs of vulnerable families
- embed the new policy directions in legislation that focus on the best interests of the child
- improve service integration to support a coordinated service response for vulnerable children and families within their communities
- support families to link into universal child and family services, and ACCOs and other secondary health and community services
- continue to establish early parenting services in the child and family service system.

Key actions

- update statewide program frameworks and guides for EPC services and PASDS to reflect new directions in legislation, policies and the current evidence base for early parenting services
- develop a consistent and coordinated intake and assessment system for EPC services
- establish a consistent statewide referral and assessment framework for PASDS based on contemporary practice
- ensure that early parenting services intake, assessment and referral processes are consistent with and maintain linkages to other service areas and whole of government reforms
- build on current initiatives and established structures to improve partnerships and referral pathways between early parenting services, child and family services, ACCOs, and other community and health services to improve the coordination of services and the sharing of information, expertise and knowledge of parenting and infant development
- establish communication strategies to promote and increase awareness of the new directions of EPC services and PASDS, particularly with reference to the enhanced focus on vulnerable children and families.

2. Enhance the range of early parenting services to effectively respond to the changing needs of vulnerable children and their families

Objectives

- continue to enhance the range and flexibility of early parenting services, from pregnancy to four years of age, to ensure services are tailored and responsive to the individual needs of vulnerable children and their families
- promote greater engagement of underrepresented cultural groups in early parenting services, including Aboriginal children and families, and families and children from culturally and linguistically diverse backgrounds
- promote greater cultural competence in early parenting services
- improve access for vulnerable children and their families to early parenting services in their local communities across all regions in Victoria.

Key actions

- work together to trial innovative models of practice to guide the establishment of a suite of home-based and community-based early parenting services (from pregnancy to four years) which are targeted to meet the needs of children and their families
- explore innovative practices to promote greater engagement of all members of a family, including fathers as appropriate
- review accessibility and availability of early parenting services across all regions in Victoria and develop strategies to overcome service gaps, especially within rural areas
- develop processes to prioritise service intake and provision to the most vulnerable children and families on the basis of need, risk and protective factors
- evaluate and enhance access pathways to and from EPC services, including moving to a requirement for professional referrals to access EPCs
- explore and establish services that meet the culturally diverse needs of children and families within Victoria
- work with Aboriginal communities and ACCOs to develop early parenting services that meet the needs of Aboriginal children and their families within their local communities and support services to incorporate the *Aboriginal Cultural Competency Framework* into practice.

3. Build service and workforce capacity to continue to promote service quality and innovation

Objectives

- develop services that best respond to identified client needs and the best available evidence to inform future practice
- establish a statewide quality framework for early parenting services to continue to promote better outcomes for vulnerable children and their families
- develop consistent and simplified reporting and accountability requirements
- support a sustainable, multidisciplinary and culturally component early parenting service workforce to continue to provide high quality services
- recognise the expertise of early parenting services in early childhood development and parenting support
- examine changing service needs across Victoria to determine future investment for early parenting services.

Key actions

- continue to evaluate and review early parenting services to identify good practice and embed this into service provision
- build on the evidence-base underpinning early parenting services through continuing to consider relevant research and evaluations
- review existing accountability arrangements and develop a common data set and consistent reporting requirements that align with established systems, to build a strong evidence-base for early parenting services
- establish registration processes for both PASDS and EPC services that complies with the Children, Youth and Families Act
- develop workforce development strategies to recruit and retain a multidisciplinary and culturally competent workforce
- establish a professional development and training strategy to support staff to meet the changing needs of families to promote better outcomes for children in Victoria
- assess the capacity of services, including a review of facilities, to ensure they are adequate to provide services now and into the future.

1. Introduction

Supporting parents to provide a nurturing, safe and positive home environment to raise their children is the key focus of all effective child and family service systems. The rapid physical, cognitive and emotional development of infants, together with their dependence on others during the first years of life, makes them particularly vulnerable to the effects of abuse and neglect as a result of inadequate care and support from their parents/carers.

Early parenting services in Victoria, which includes early parenting centre (EPC) services⁵ and parenting assessment and skill development services (PASDS)⁶, play an essential role in providing vulnerable⁷ families with the intensive and specialised parenting support necessary to assist them to care for and nurture their child.

Over the last ten years there have been significant reforms within the Victorian child and family service system. These reforms have been underpinned by recent research that emphasises the importance of investing in the early years of life. The role that prevention and earlier intervention strategies can play in promoting improved child outcomes cannot be understated.

1.1 Policy and legislative context

A Fairer Victoria highlights the Victorian Government's commitment to giving every child the best start to achieve positive outcomes by connecting vulnerable children and families to the universal and specialised services they require.

The *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005* underpin the every child every chance reforms which highlight the importance of services working together to support families to nurture and protect their children, and to prevent families from reaching the crisis point of requiring tertiary service intervention.

The Best Interests Principles outlined in the *Children Youth and Families Act* focus decision making on promoting the safety, stability and development of children. These principles also articulate the need to understand Aboriginal children and family's needs and to respond in a respectful and culturally responsive manner. They describe the need to protect and promote an Aboriginal child's cultural and spiritual identity and development, by wherever, possible maintaining and building their connections to their Aboriginal family and community (s.10).

Strengthening families is also a key priority of the *Directions for out-of-home care 2009* policy agenda. As part of this agenda approaches are being piloted to develop and redesign child and family services to prevent entry to care or to support family reunification by supporting parents to build their capacity to provide a safe and nurturing home environment.

⁵ Early Parenting Centre Services are provided by EPCs and include Mercy Health O'Connell Family Centre, the QEC, and Tweddle.

⁶ PASDS Services are provided by community service organisations and EPCs including Bapcare, Child and Family Services Ballarat, City of Greater Geelong, Connections UnitingCare, FamilyCare, QEC, Tweddle St Lukes Anglicare, Warrnambool City Council

⁷ Vulnerable children and their families in this document refer to families that require support to prevent risk factors developing and further specialist services or tertiary level services being required, and/or are involved with tertiary service and are in need of intensive parenting support in order to build capacity to care for their child in the home.

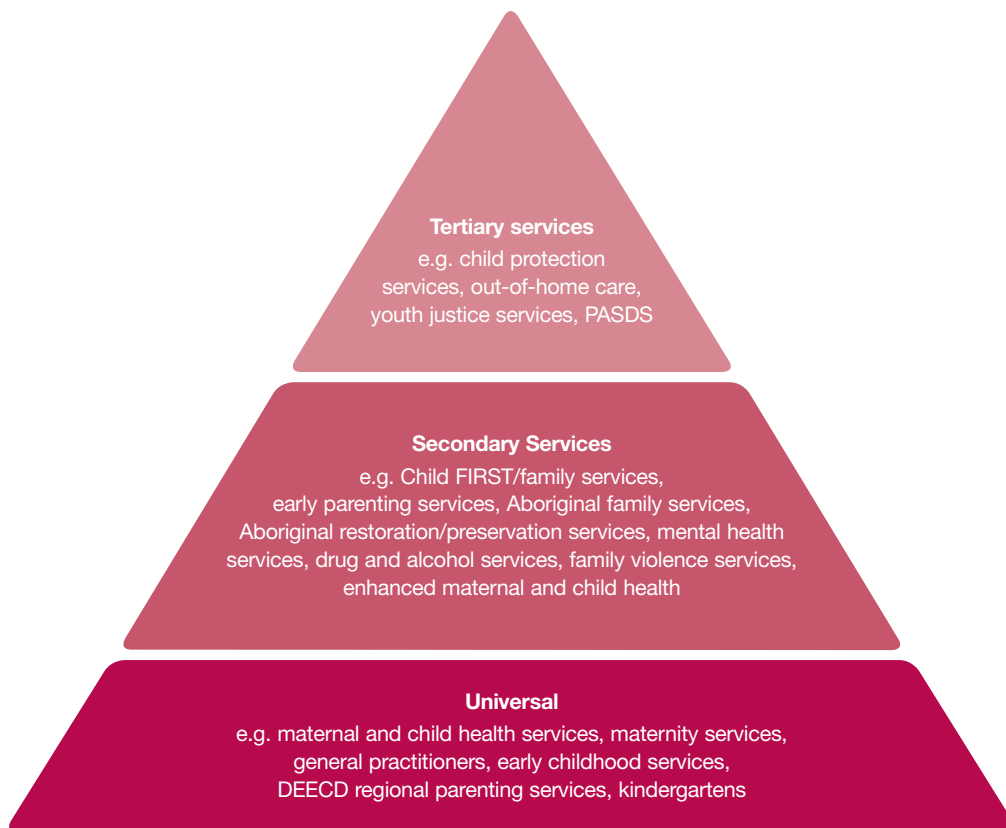


Diagram 1. Public Health Model for Protecting Children (adapted from the Australian Research Alliance for Children and Youth (ARACY) 2009)

Definition:

Universal services — The goal of universal services is to support the wellbeing of all children and families before problems arise. These services are available to all families and act as a platform for preventing neglect and abuse.

Secondary services — The goal of secondary services is to provide specialised services to address specific risk factors that compromise parenting in vulnerable families and that cannot be provided by universal services. These services are provided with the family's consent and aim to intervene earlier to support families to promote the safety, stability and development of children, before they reach the point of requiring further specialist services or tertiary interventions.

Tertiary services — Tertiary services are for the protection of children who have experienced child abuse and neglect and seek to ensure that the problems do not continue. These services tend to be statutory interventions requiring a court order that ensures the participation of the child and family in the service.

The abovementioned legislative and policy changes support the public health model for protecting children as outlined in the *National framework for protecting Australia's children 2009-2020*, which sees child and family services as central in promoting a child's best interests. This model uses a pyramid to describe how the child and family system should ideally be distributed (see diagram 1).

Within this model, priority is placed on universal support services, such as education and health services, being available for all families. More intensive secondary services, such as family and early parenting services are required for families that need additional assistance. These services are focused on prevention and earlier intervention. Tertiary services, such as child protection, are seen as a last resort and the less desirable outcome for families, but remain an essential element of the service continuum.

This policy and legislative context provides a platform for change within the early parenting service system. However, early parenting services do not operate in isolation. They are

essential services operating within the broader child and family services system. As such, it was important that key developments in other service areas were considered in developing the VEPS and continue to be reviewed as the strategy is implemented. This is especially important in the current context with so many major reforms occurring within child protection, family, out-of-home care and family violence services.

In addition, there are significant changes also currently occurring within the Victorian health and early childhood service system, particularly within mental health services, drug and alcohol services and maternity and maternal and child health services (MCH). Appendix 1 provides an overview of current policy and service developments relevant to reshaping early parenting services within Victoria.

1.2 The place for early parenting services in Victoria

Victoria has a strong history of providing services to support families, from pregnancy to preschool. This includes community-based, private, and government services such as maternity services, general practitioners, maternal and child health services through to specialised early childhood services and parenting programs.

Diagram 2 outlines the continuum of these services existing within Victoria. As demonstrated, contemporary EPC services and PASDS are viewed as essential secondary and tertiary support services.

Early parenting centre services

EPCs have a rich and unique history in Victoria. They began as mother and baby hospitals in the early 1900s training nurses and doctors to care for sick mothers and babies. These services were fundamental in establishing what has grown into maternal and child health services located throughout Victoria today.

There are three state government funded EPCs currently operating in Victoria: Mercy Health O'Connell Family Centre (O'Connell), Queen Elizabeth Centre (QEC) and Tweddle Child and Family Health Service (Tweddle).⁸ QEC and Tweddle are registered public hospitals under the *Health Services Act 1988*. O'Connell is a registered Denominational Hospital under the Health Services Act and is now an entity of Mercy Hospitals Incorporated. The EPCs are accredited health services specialising in parenting, infant health and early childhood development.

In recent years, EPC services have adopted a public health model of care specialising in assessing and building parental skills and competence in order to prevent problems facing families escalating. These secondary support services have increasingly become more targeted to vulnerable children and their families through earlier intervention and prevention practices.

EPC services are funded through the Children, Youth and Families Division, Department of Human Services, and are accountable to the Minister for Community Services. As Health Services, the boards of management for Tweddle and QEC are appointed by the Minister for Health and are accountable to this Minister for health service related matters, such as the tabling of annual reports.



⁸ Some private hospitals also provide parenting support programs for new mothers in Victoria.

EPCs provide a range of funded day stay, residential, group and home-based services to over 3,000 vulnerable Victorian families per year from pregnancy to when a child is four years of age. These services aim to build family resilience and parenting capacity to:

- reduce and prevent the need for further specialist or tertiary level services
- assist in the engagement with child protection services, when significant wellbeing and/or protective issues arise.

EPCs work in partnership with parents to identify infant health, development and parenting needs to build parenting competence and promote secure attachment between the parent and child. These services also seek to link families in with other community supports. A description of these services can be found in Appendix 2.

Each EPC also delivers a range of other support programs and services aimed at meeting the needs of families and children as required. These include antenatal parenting services, group programs focused on play and attachment, mental health support services and culturally specific parents programs (mothers and fathers groups).⁹ EPCs also deliver education and professional development services in relation to early childhood development and parenting.

Parenting assessment and skill development services

PASDS were first introduced in 1997 as part of the department's High Risk Infant (HRI) Service Quality Improvement Project. There are now nine PASDS providers operating statewide, including community service organisations¹⁰ (CSOs) and EPCs¹¹ that predominantly provide residential or home-based services.

PASDS are a prescribed service agency under section 3 of the Children, Youth and Families Act. These services accept referrals from child protection high-risk infant teams of children from birth to two years of age, but may be inclusive of three year old children as appropriate, who are already involved with child protection services.

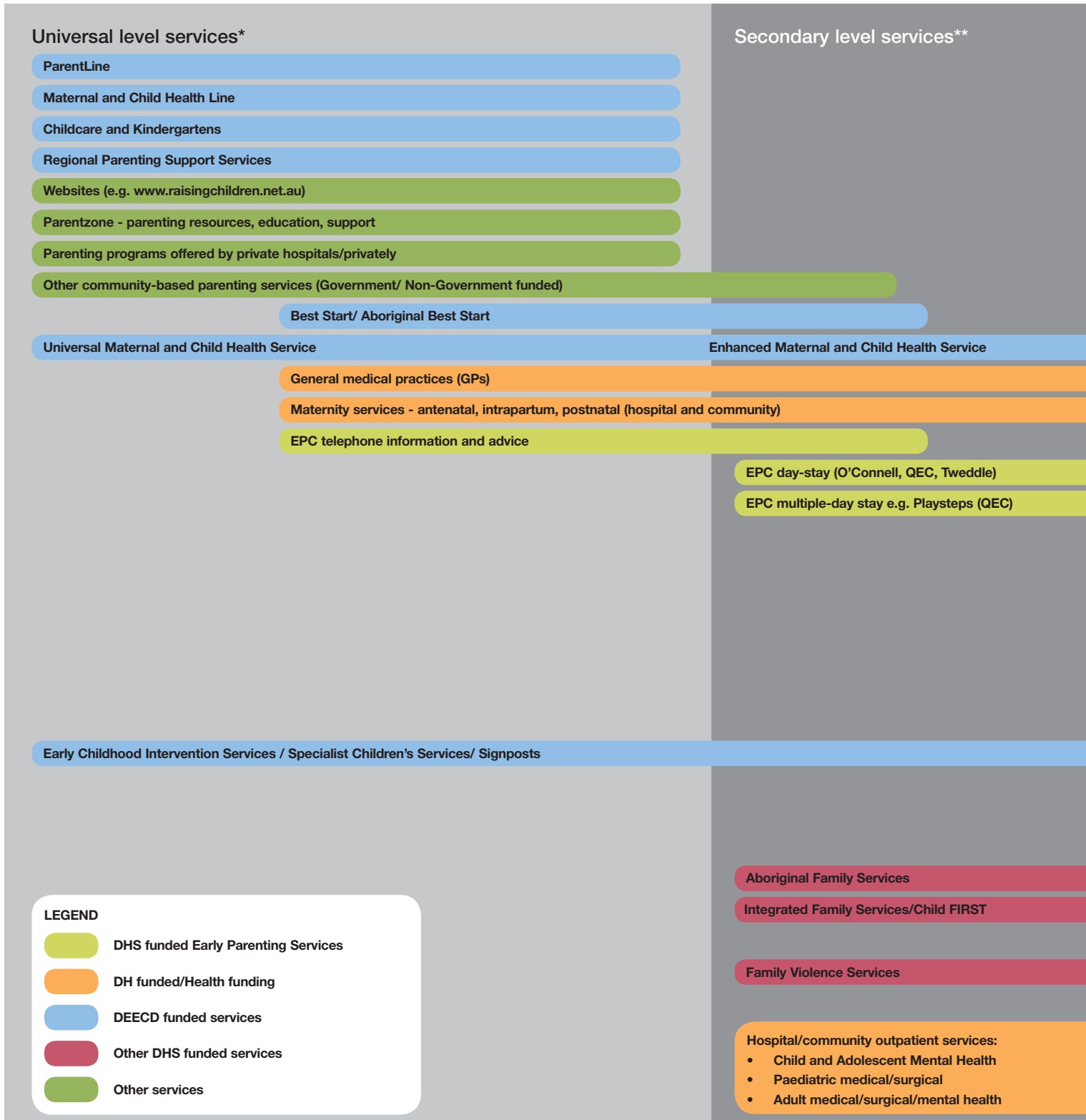
The specialised assessments conducted by PASDS are key to informing decision makers under the Children, Youth and Families Act, namely child protection and the Children's Court of Victoria, about the best interests of the child in relation to the child's care. This service also ensures appropriate supports are provided to children and their families to prevent an escalation of issues. PASDS also includes an intensive skill development component for these families to ensure parents understand the importance, and impact, of effective parenting and its relationship to producing positive outcomes for their child.

⁹ See individual EPC websites for further information

¹⁰ Baptistcare, Child and Family Services Ballarat, City of Greater Geelong, Connections UnitingCare, FamilyCare, St Lukes Anglicare, and Warrnambool City Council

¹¹ QEC and Tweddle

Diagram 2. The continuum of child and family services in Victoria (from pregnancy to 4 years) highlighting the place of Department of Human Services funded early parenting services



Tertiary level services**

EPC residential service (O'Connell, QEC, Tweddle)

EPC 60-hours home-based eg Parenting Plus (QEC)

EPC multi-day-stay PASDS (Tweddle)

EPC 120-hours home-based PASDS (QEC)

EPC 9-night residential PASDS (QEC, Tweddle)

PASDS provided by CSOs

Families First

Aboriginal Family Decision Making

Aboriginal Preservation/Restoration Services

Take Two

Community-based / Child Protection Service

Psychiatric crisis assessment and treatment teams (CAT)

Hospital inpatient services:

- Mother-baby units (psychiatric)
- Paediatric medical/surgical/mental health
- Adult medical/surgical/mental health

2. Drivers for change

Early parenting services are currently experiencing several critical drivers for change resulting from a growing demand for services, increased diversity of Victorian families and their needs and an increasing evidence base demonstrating the positive impacts of earlier intervention and prevention services for vulnerable children and families.

Stage 1 of the VEPS provides a foundation to explore new services models to address these challenges and implement improved services focused on earlier intervention through to placement prevention services.

2.1 Changing needs

Increasing birth numbers

In 2008, there were approximately 70,000 births in Victoria (Australian Bureau of Statistics 2008). This represented an increase of 15 per cent in the number of births since 2000-01, with the most significant growth in the period from 2004-05 to 2007-08 (DEECD 2009).

Current population projections for Victoria indicate that from 2006 to 2021 there will be a 21 per cent increase in the number of children aged between birth and four years of age in Victoria (DPCD 2009). This growth is expected to be concentrated in the outer urban growth areas of Casey and Cardinia, Whittlesea, Melton and Wyndham where housing tends to be more affordable. This growth will continue to place demand on early parenting services resulting in longer waiting lists for services, impacting on the services ability to provide timely responses when required.



This projection in demand for services will require an analysis of service needs and gaps to be undertaken statewide, to ensure that services are easily accessible across Victoria. Historically early parenting services have been concentrated within metropolitan areas where the three EPCs are located. A service analysis needs to focus on future service provision within rural areas and growth corridors as well as whether the current facilities can effectively and efficiently manage this expected increase in demand.

A culturally diverse Victoria

In 2006, 43.6 per cent of Victorians were identified as having been born overseas or having had a parent born overseas from more than 230 countries (VMC 2009). Migration patterns continue to change with a recent increase in families coming from the Middle East, North East, Central and South East Asia, and Africa. These community groups are underrepresented in family and early parenting services. This indicates a need to review the relevance, cultural appropriateness and accessibility of these services for these newly emerging communities.

Cultural groups are not homogenous and early parenting services need to be cognisant and responsive to the needs of culturally and linguistically diverse (CALD) communities. Services must be particularly mindful of how best to engage and maintain a connection with CALD families, with a particular focus on responding to the needs of refugee families, who often report experiences of significant family disruption and personal trauma whilst relocating to Victoria.

Meeting the needs of Aboriginal families

Historically, there has not been a culturally sensitive response to Aboriginal children and families within child and family services. A history of forcible removal of Aboriginal children has resulted

in Aboriginal families often being suspicious of health and welfare services, and a concern that their children will continue to be removed.

Aboriginal children continue to be overrepresented in child protection services in Victoria¹². In 2007-08 Aboriginal children in Victoria were ten times more likely to be subject to child protection substantiation than non-Aboriginal children (Australian Institute of Health and Welfare (AIHW) 2009). The rate of Aboriginal children in out-of-home care in Victoria was 50.1 per 1,000 Aboriginal children aged 0–17 years (AIHW 2009).

Conversely, Aboriginal children and families are underrepresented in universal and secondary services, including antenatal services, maternal and child health services, family and early parenting services (ABS 2009). Babies born to Aboriginal women in Victoria are twice as likely to have a low birth weight as babies born to non-Aboriginal women and infant and maternal outcomes are significantly poorer (ABS 2009, DEECD 2009).

The Victorian Government is committed to promoting quality services for Aboriginal children and families. The government recognises that Aboriginal self-determination and provision of culturally competent services is fundamental to improving outcomes for Aboriginal children and families. The Best Interests Principles in the Children, Youth and Families Act state the importance of:

protecting and promoting Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community (s.10).

The Children, Youth and Families Act includes a range of measures that specifically concern Aboriginal children and families that are described in Appendix 1. The *Registration standards for community services organisations* also require early parenting services and staff to be culturally competent and to undertake training to incorporate the *Aboriginal Cultural Competency Framework* into practice.

These policies and legislation recognise that Aboriginal communities have different meanings of what constitutes 'family' and this must be considered when considering the future of early parenting services. Traditionally Aboriginal culture views the person as living in relationship with the family, the community, the tribe, the land and the spiritual beings of law/dreaming (DHS 2009). It is important that services reflect this broad understanding and consult with Aboriginal families about which family and community members should be involved in assessments and programs that support Aboriginal children and families.

ACCOs deliver a range of services including Aboriginal family preservation and restoration services (see Appendix 1), which provide intensive support to families to prevent the need for children to be placed away from home or to enable children who are in out of home care to return home. Work needs to continue in partnership with ACCOs to ensure that appropriate early parenting support, particularly antenatally, is available to meet the needs of Aboriginal families.

Family complexity and risk factors

Families accessing early parenting services struggle with a complex range of issues and risk factors that services must respond to. Between 40 to 70 per cent of EPC service clients who attend a residential service and/or day stay service have mental health concerns, particularly

¹² AIHW 2009 - See <http://www.aihw.gov.au/publications/cws/cpa07-08/cpa07-08.pdf>

postnatal depression. Approximately 65 per cent of PASDS clients have four or more risk factors including: mental illness, family violence, substance abuse, being adolescent mothers, financial difficulties, insecure housing and/or infant/parent disabilities.

The State of Victoria's children report 2009 indicates that approximately a quarter of children in Victoria live in homes where a parent is affected by mental illness, with the prevalence of postnatal depression among women being estimated at 15 per cent (DEECD 2009). This report also suggests that approximately a third of mothers continue to consume alcohol after becoming aware of their pregnancy, with one in ten women reporting that they have continued to smoke during pregnancy (DEECD 2009), both of which are established risk factors for the mother's and child's health and wellbeing.

Furthermore, client data from the Victorian Family Violence Database also shows an alarming increase in the number of family violence cases reported by police over recent years (DEECD 2009).¹³ This is a trend that is likely to continue to impact on early parenting services in Victoria given current research detailing the negative impacts trauma has on the development of a child in the early years (DHS 2008; Perry 2002; Phillips & Schonkoff 1990; Zeanah & Zeanah 2001). The experience of family violence can also significantly impact on a women's capacity to care for her child at that time.

Family violence is also the leading contributor to preventable death, disability and illness in women aged 15-44 years (VicHealth 2004). Perpetrators of family violence can create ongoing physical and mental health problems in victims which can in turn contribute to substance dependency, a lack of self-esteem and confidence, social isolation and financial hardship.

The Victorian Integrated Family Violence reforms highlight that some women experience significantly higher rates of violence than others. Aboriginal women, women with disabilities, and who are pregnant or have recently given birth are more vulnerable to family violence. Some women are also especially vulnerable due to language, geographic isolation, or mental health issues.

Infants and toddlers are a primary client group of the child protection system in Victoria. Children under the age of one year are more likely to be a subject of substantiation. In 2007-08, a rate of 13.9 per 1000 children under one year of age was subject to a substantiated notification (AIHW 2009). Family violence, substance and alcohol abuse continue to be the key characteristics identified in families in the child protection system. Each of these risk factors, especially when experienced concurrently, significantly impact on parenting capacity and on the best interests of children.

Child protection data indicates that 54 per cent of children being placed in out-of-home care for the first time during 2004-05 were subsequently returned home within six months (DHS 2009). Many of these children were aged between birth and two years of age. With research demonstrating the importance of stability for a child's development, this data suggests that early provision of community-based early parenting and family supports may have enabled these children to remain with their families.

Consequently, the provision of a flexible range of responsive services to meet the specific needs of vulnerable children and families is now required in Victoria. Services need to have the

¹³ These increases are also likely to be linked to greater public reporting of family violence and to enhanced police training, and data collection and recording practice, following on from a Victorian Police review of practice in relation to family violence in 2001 and the introduction of *The Code of Practice for the Investigation of Family Violence in 2004*.

capacity to assess children's risk and protective factors of a child to ensure that an appropriate service response is provided at the right time, in the right place. Appendix 3 provides a list of these risk and protective factors.

A robust, skilled and multi-disciplinary workforce is also required to support this change in service direction. Early parenting services, like many other services in Victoria, are facing the challenge of having an experienced but ageing workforce resulting in difficulties in the recruitment, retention and replacement of such qualified staff with specific expertise in early childhood development.

The significant role of early parenting services, particularly PASDS, have in providing advice to decision makers under the Children, Youth and Families Act, requires professionally qualified and experienced staff with a sound working knowledge of legislation and reporting processes. The increasing number of families entering the child protection system with infants and young children directly impacts on the need for PASDS.

At present vulnerable parents experience fragmented antenatal care within the state. Research indicates that continuity of care during pregnancy can improve outcomes for women and also offers an opportunity to identify potential protective risk factors to a baby (Sketchley & Jordan 2009; Child Inquiry Analysis Report 2001).

The Children, Youth and Families Act now provides for the reporting of unborn children to child protection and for referrals to be made to Child FIRST. Approximately 570 unborn child reports are received each year by child protection, many of which progress to a child protection investigation. The receipt of unborn reports has resulted in the need to explore antenatal parenting support for this new cohort of high risk pregnant women, identified through these reports, and for work to continue with the Department of Health (DH) to enhance antenatal care for vulnerable women.

Health and development risk factors for infants involved with child protection are also increasing with parents of more premature and underweight infants accessing PASDS. Approximately 35 per cent of PASDS residential clients are under twelve weeks of age, with approximately 15 per cent experiencing health and wellbeing complications due to having a low birth rate or being born prematurely. EPC and PASDS residential services can provide an environment to provide support to these infants, however, collaboration with specialised health services is needed to ensure infant needs are met and services are effectively coordinated for the family, in the best interests of the child.



2.2 The need for greater service integration

The multitude of issues facing vulnerable families also requires a comprehensive and integrated service response that often cannot be achieved through one service alone. The most effective way of improving outcomes for children will increasingly require a collaborative and coordinated service response between early parenting services, child and family services, ACCOs and other health and community services.

Early parenting services (being a mix of health services and CSOs) have developed independently from each other and other child and family services within Victoria. As a consequence, there is significant regional variation in service provision, with each service having developed their own intake, assessment planning processes and service models. At times this has resulted in a lack of effective service coordination between and within services.

Data requirements and monitoring systems also vary between and across early parenting services as a result of a lack of statewide approach. This has created difficulties in information sharing, service planning, reporting and an increased administrative burden for services. Improvements in the data systems and reporting mechanisms will be a priority when implementing the VEPS as improved data will contribute to effective service planning and policy development by increasing the evidence base for early parenting services (Australian Public Service Commission 2009).

The benefits of greater service integration are well recognised. These include improved sharing of information and good practice, avoiding duplication in effort, greater efficiency between services and increased staff satisfaction, leading to improved client outcomes (ARACY 2009).

2.3 A growing evidence-base for early parenting services

Infant development and attachment

A growing body of research has described the rapid growth and development of the human brain that occurs in infancy and early childhood, with the human brain growing to 90 per cent of its adult size in the first three years of life (Meisels & Schonkoff, 1990; Phillips & Schonkoff, 2000). This research indicates that early childhood safety, stability and development are the foundation for learning, behaviour and health through the school years and adult life (Gwynne, Blick & Duffy, 2009). Chronic or prolonged stress, traumatic and abusive experiences in the first three years of life can have long lasting effects on brain development resulting in behavioural and learning problems, substance abuse, involvement in crime, and poor physical and mental health (Perry, 2002; Zeanah & Zeanah, 2001).

A nurturing and safe bond between an infant and their primary caregiver has a profound impact on the infant's current functioning and future development (Sketchley & Jordon, 2009). The relationships that infants form in childhood impact on their self-image and resilience to face new challenges (Debellis, 2001). Secure and responsive caregiving builds a strong infant parent attachment that promotes the conditions for optimal behavioural, social and emotional development. The father child relationship is also shown to have a significant impact on the health and wellbeing of a child (Lamb, 2004).

Sustained parental anxiety and stress that places pressure on the parent child relationship in these first few years is associated with higher risk of cognitive, behavioural difficulties and serious emotional disorders such as infant depression and attachment disorders. These might be reflected in overall delayed development, inconsolable crying or sleep problems (Zimmer-Gembeck, 2007).

Evidence based practice

Infant and early childhood research demonstrates the benefits for children and the cost effectiveness of evidence based interventions focused on building parenting competence to nurture and protect their children and to build a secure attachment with their child (Barlow et al 2009). By providing services earlier, these services seek to avoid the use of costly tertiary interventions.

Evaluations of earlier intervention services have determined a number of elements necessary for these programs to be effective, including the need to:

- support families as early as possible in the life of a child, ideally during the pregnancy
- identify and support parent child attachment concerns and refer families for more intensive interventions from a expert professional where appropriate
- identify other issues/concerns facing parents including housing, financial concerns, family violence, substance abuse, and mental health and refer families to other services in their community
- ensure that safety is a priority for children and families
- ensure responses are appropriate for all members of the family, including fathers
- be strength focused, and of sufficient length and intensity to build parenting skills and promote children's best interests
- have high quality trained staff that are able to engage with families
- be culturally responsive
- be home-based or in environments in which the family feels comfortable

(Alliston, 2007; Stafford, Zeanah & Zeanah, 2005; Harriet, 2009; Guterman, 2009; Lurie-Hurvitz, 2009)

These studies indicate the benefits of intensive services that begin during the antenatal period. Mothers who form an attachment to their infant in pregnancy are more likely to attach to their new born (Pollack & Percy, 1999; Olds et al, 1998; Guterman, 2009).

Home based programs offer greater flexibility to families and may support them to feel more relaxed and open. Visiting families in their homes also provides an opportunity to observe the environment in which families live, identify and tailor services to meet the needs of families, and build relationships in ways that may not have been possible with other types of services (Guterman, 2009; Olds et al, 1998a, b).

Longitudinal studies in the United States of nurse home-based visiting programs for vulnerable families that begin during pregnancy have shown positive results in enhancing the health and wellbeing of children and families in the short and long term (Olds et al, 1998a, b; Barlow et al, 2007). Benefits include: reductions in child injuries, neglect and abuse; improved school readiness; fewer subsequent pregnancies; better prenatal health and increases in father involvement. This model is now being utilised in Australia and internationally.

The Australian Government has recently announced the Indigenous Nurse Home-Visiting program that seeks to provide Aboriginal children a healthier start in life through ongoing home visits (Department of Health and Ageing, 2009). The United Kingdom is also evaluating their Family Nurse Partnerships for high risk mothers (DFES 2009, Social Exclusion Taskforce, 2009). The use of group programs to increase parenting confidence and to build peer and social support networks have also been found to be effective in improving family's outcomes (Bowes, 2000).

3. Setting the direction

The VEPS aims to promote an integrated, statewide early parenting services system in Victoria that targets vulnerable families from pregnancy to when their children are four years of age.

Stage 1 of the VEPS provides an EPC service and PASDS framework for establishing a statewide platform to build the foundations for this change. For this to occur it is necessary to be clear about the vision and principles for early parenting services in working with vulnerable children and their families and to define the initial key focus areas that need to be addressed in delivering this vision.

The VEPS reference group had developed and informed this vision and the key actions required to implement stage 1 of the VEPS. Appendix 4 provides a list of reference group members.

3.1 Vision

Our vision for Victoria's early parenting services is for:

Vulnerable parents, from pregnancy to when their children are four years of age, to have access to early parenting services across the state that meet their current and future needs in order to promote their children's best interests.

This vision is underpinned by a belief that a supportive nurturing and safe home environment is the key to a child's future outcomes and as such vulnerable parents require services from pregnancy that seek to build their parenting capacity and competence to strengthen the child and parent relationship.



3.2 Guiding principles

Guiding principles

Child centred, family focused practice

The rapid physical, cognitive and emotional development of infants means that their health, safety, stability and development should be considered as paramount in the delivery of early parenting services. Services should be prioritised in an appropriate and timely manner to the most vulnerable children and their families.

Recognising that the capacity of parents, families and carers to provide effective care strongly influences a child's future outcomes, early parenting services should utilise a strength based approach and work in partnership with families to determine their goals and needs.

Earlier intervention and prevention

Early parenting services should seek to promote the best interests of children through the delivery of secondary services focused on prevention and earlier intervention aimed at promoting parenting capacity to nurture and care for their children. For families involved with child protection, EPCs and PASDS will, as appropriate, seek to support vulnerable families to build a secure attachment with their child and improve family functioning through the provision of intensive parenting support for placement prevention and reunification processes as appropriate.

Culturally competent and responsive services

Recognising the underrepresentation of Aboriginal families accessing universal and secondary services and their over representation in tertiary services, service models will be explored in partnership with ACCOs and Aboriginal communities to meet the needs of these families and to promote greater engagement of families in these services. Services will also seek to incorporate the principles outlined in the *Aboriginal Cultural Competency Framework*, which includes recognising the spiritual, cultural and social needs of Aboriginal children and their families.

Services will also be responsive to children and families from culturally and linguistically diverse backgrounds by working with these families and the community to understand and be sensitive to their particular needs and their families.

Evidence based practice

Early parenting service responses will be based on an analysis of child and families needs and the best available evidence on effectiveness from current research and evaluations.

Service integration

Acknowledging the benefits of service integration to improve outcomes for vulnerable children and families, services will also actively support the development and provision of an integrated and coordinated service response at a statewide, regional and local level, including the development of clearer referral protocols and the establishment of a shared responsibility for children's safety, stability and development.

3.3 Key focus areas

To provide a platform to deliver the above vision, three focus areas have been identified:

1. Strengthen the integration of early parenting services within the Victorian child and family service system.
2. Enhance the range of early parenting services to effectively respond to the changing needs of vulnerable children and their families.
3. Build service and workforce capacity to continue to promote service quality and innovation.

Key initial actions that need to be addressed to reach these goals have been established for each key focus area.

Focus area 1

Strengthening the integration of early parenting services within the Victorian child and family service system

Objectives

- ensure a consistent high quality early parenting service is provided across Victoria to respond to the changing needs of vulnerable families
- embed the new policy directions in legislation that focus on the best interests of the child
- improve service integration to support a coordinated service response for vulnerable children and families within their communities
- support families to link into universal child and family services, ACCOs and other secondary health and community services
- continue to establish early parenting services in the child and family service system.

Key actions

- update statewide program frameworks and guides for both EPC services and PASDS to reflect new directions in legislation, policies and the current evidence base for early parenting services
- develop a consistent and coordinated intake and assessment system for EPC services
- establish a consistent statewide referral and assessment framework for PASDS based on contemporary practice
- ensure that early parenting services intake, assessment and referral processes are consistent with and maintain linkages to other service areas and whole of government reforms
- build on current initiatives and established structures to improve partnerships and referral pathways between early parenting services, child and family services, ACCOs, and other community and health services to improve coordination of services and the sharing of information, expertise and knowledge of parenting and infant development
- establish communication strategies to promote and increase awareness of the new directions of EPC Services and PASDS, particularly with reference to the enhanced focus on vulnerable children and families.

Strengthening the place of early parenting services

Early parenting services have sought to deliver services which meet the needs of vulnerable children and their families in their local communities. This has led to considerable service variability across Victoria. Greater statewide consistency between early parenting services is required to strengthen their place in the child and family service sector.

An analysis of current research and an evaluation of existing regional models will inform the revision of statewide program frameworks and guides for EPC services and PASDS. These frameworks and guides will be based on contemporary knowledge and practice and will provide guidance to Victorian service providers on key service elements considered to be optimal to promote the best interests of a child.

The revision of these frameworks and guides will seek to promote a consistent quality standard and to embed new policy directions and legislative requirements into service assessment, planning and provision, including the best interests principles. The implementation of statewide program frameworks and guides will need to be supported by a professional development program and a review of service capacity.

The new directions for early parenting services will be promoted and communicated to the community and services working with families to continue to establish the pivotal role of early parenting services within the broader child and family service sector.

Service integration and coordination

Realising the strategy's vision depends on maintaining and building on the strong partnerships between early parenting services, child and family services, ACCOs and other health and community services. The complex issues facing families accessing early parenting services requires a multi-disciplinary service response.

To increase coordination between services, early parenting services will seek to improve the sharing of client information (as appropriate)¹⁴ and evidence based practice between each other. A statewide assessment framework for PASDS will be developed through a review of local and international practice. This assessment framework will adopt consistent language and terminology to support effective reporting to child protection, the Children's Court of Victoria and other services while maintaining the ability for flexible, local practices to continue.

EPCs will introduce a coordinated intake system for their services that builds on innovative processes being created, as well as established programs. Intake processes will be consistent across EPCs and based on evidence based methodology and consistent definitions of vulnerability. Consideration will also be given to centralising these processes into one intake system to make early parenting services easier to navigate and to avoid duplication of effort.

Intake and assessment frameworks will link with work being undertaken in other service areas and whole of government reform, for example the best interests case practice model, the family violence common risk assessment framework and perinatal depression screening tools.

The incorporation of these tools will enhance referral pathways to and from early parenting services into child and family services and other health and community services to allow vulnerable families to receive sustained support after the completion of an early parenting

¹⁴ In accordance with the Information Privacy Act 2000, the Health Records Act 2001, and the Children, Youth and Families Act 2005

program. Emphasis will be placed on linking families back in with universal services, such as maternal and child health, general practitioners, and other specialist services, including disability, adolescent, housing, health and community services. To achieve this, strong, collaborative partnerships will need to be developed with the broader child and family service system to allow for the sharing of advice and knowledge and secondary consultations.

Greater linkages with Child FIRST / integrated family services and with child protection will be a key priority for early parenting services given the shared focus on early childhood development. Processes to strengthen service coordination by enhancing referral protocols will build on current structures, such as Child and Family Service Alliances.

Given the growing evidence of the negative impact of family violence and parental mental health on the development of a child (refer earlier), work will also be undertaken to build these processes with family violence and mental health services. Work will also continue on initiatives aimed at promoting greater ties between these services, such as the *National perinatal depression initiative* and the *Family where a parent has a mental illness initiative*. To ensure women receive the support they require as early as possible, work will also continue with DH to explore strategies and programs to improve vulnerable women's access to antenatal, maternity and post-domiciliary services. The promotion of linkages with ACCOs to better meet the needs of Aboriginal families will also be a strong focus.



Focus area 2

Enhance the range of early parenting services to effectively respond to the changing needs of vulnerable children and their families

Objectives

- continue to enhance the range and flexibility of early parenting services, from pregnancy to four years of age, to ensure services are tailored and responsive to the individual needs of vulnerable children and their families
- promote greater engagement of underrepresented cultural groups in early parenting services, including Aboriginal children and families, and families and children from culturally and linguistically diverse backgrounds
- promote greater cultural competence in early parenting services
- improve access for vulnerable children and their families to early parenting services in their local communities across all regions in Victoria.

Key actions

- work together to trial innovative models of practice to guide the establishment of a suite of home-based and community based early parenting services (from pregnancy to four years) which are targeted to meet the individual needs of children and their families
- explore innovative practices and tools to promote greater engagement of all members of a family, including fathers, as appropriate
- review accessibility and availability of early parenting services across all regions in Victoria and develop strategies to overcome service gaps, especially within rural areas
- develop processes to prioritise service intake and provision to the most vulnerable children and families on the basis of need, risk and protective factors
- evaluate and enhance access pathways to and from EPC services, including moving to a requirement for professional referrals to access EPCs
- explore and establish services that meet the culturally diverse needs of children and families within Victoria
- work with Aboriginal communities and ACCOs to develop early parenting services that meet the needs of Aboriginal children and their families within their local communities and support services to incorporate the *Aboriginal Cultural Competency Framework* into practice.

Responding to the changing needs of vulnerable children and their families

The changing needs of Victorian families, as outlined in the growing body of early parenting literature referred to earlier, has highlighted the need to continue to explore new and innovative service models to better target services to meet the needs of vulnerable children and their families. Several studies have shown that for services to be effective they need to have high quality staff, be intensive, flexible and culturally responsive and address not only the parenting skills and capacity, but also wider issues and risk factors (Lurie-Hurvitz 2009; Harriet et al 2009; Guterman 2009; Stafford Zeanah and Zeanah 2005). This research has also shown that

mothers who form an attachment to their infant in pregnancy are more likely to attach to their new born and that this attachment is fundamental to a child's development in later life (Pollack & Percy 1999; Olds et al 1998, Guterman 2009).

Enhancing the range of services

Recent infant and early childhood research (section 2) highlight the need to explore and trial innovative models of practice to guide the establishment of a continuum of early parenting services. These services will range from home based and community based earlier intervention support services to intensive support services aimed at placement prevention and reunification of families involved with child protection. Approaches to address the needs of pregnant women notified through unborn child reports will also be explored.

As part of the *Directions for out-of-home care* policy agenda, placement prevention pilots are being established for children from birth to two year of age who are at risk of entering out-of-home care. The evaluation of these pilots will be considered in the exploration of new service models.

Contemporary practices and tools will also be developed through the implementation of the VEPS to support reflective practice in parenting designed to assist parents to build attachment with their children. These models will seek to engage all family members, including encouraging fathers to participate in services and to take an active role in caring for their child, when in the child's best interests. Group programs will be explored particularly for reunification purposes and in improving community linkages for often socially isolated families. Attention will also be given to strategies that support families to continue to have parenting support after the completion of a program. The models will be based on the best interest principles and the concepts outlined in the *Best Interests Framework* (DHS, 2007).

Strategies to enhance EPC and PASDS capacity to provide appropriate service responses to families facing multiple risk factors and disadvantage will be explored further to ensure that infant health and development needs are met and that children's outcomes are improved.

Improving the cultural responsiveness of services—Aboriginal children and families

Different service models will be trialled, in partnership with ACCOs and local Aboriginal communities to better meet the needs of Aboriginal children and families requiring early parenting services. A key component of this work will be to develop strategies to promote the sharing of parenting and early childhood knowledge between services. This may also include reviewing opportunities to expand existing Aboriginal child and family services to provide early parenting support services for Aboriginal communities.

Through these partnerships early parenting services will seek to improve the cultural sensitivity and responsiveness of their own services.

EPC services and PASDS will incorporate the principles described in the *Aboriginal Cultural Competency Framework* into practice, as described in the *Registration standards for community service organisations*.

Improving the cultural responsiveness of services – Culturally and linguistically diverse communities

Work will also be undertaken with CALD communities across the state to ensure early parenting services are appropriate and accessible to the wide range of cultural groups (current and emerging) within the Victorian community. This will include exploring approaches to overcome cultural and language barriers and to adapt programs to different parenting practices of communities. Services for refugee families will be strengthened as these families are often socially isolated and need additional support to adapt to their family life in a new community.

To support these developments, a workforce development strategy focused on the building of staff cultural diversity and competence is required.

Improving access to early parenting services

Families in need of additional support require timely access to a continuum of services described above. With increasing numbers of infants in outer urban growth areas in Victoria, an analysis of service demand and gaps needs to be undertaken to ensure that adequate services exist to promote children's future outcomes particularly within rural areas. This analysis needs to consider other government, non-government and private early parenting services that are available.

To further address service demand, it is essential that services are prioritised to the most vulnerable children and their families. The coordinated intake process for EPCs will prioritise service access through assessing risk and protective factors that may impact on a child/ children's health development, safety and stability. Appendix 3 provides a list of risk and protective factors.

PASDS in consultation with the HRI program will also develop a standardised intake process, based on established regional models, aimed at ensuring timely and appropriate services for children most in need.

Clear referral pathways between early parenting services and other service areas will be encouraged to ensure that referrals to and from early parenting services are made in an effective and efficient manner to enable families to have a smooth transition into services they require.

For EPC services, the staged introduction of the requirement for a professional referral to be able to access a specialist service, such as an EPC service, will be undertaken. This requirement will be reviewed after the first year to determine its effectiveness in targeting these services toward vulnerable children and families. Families will be encouraged to access and link in with universal services prior to seeking a professional referral to access an EPC service. In changing the referral requirements, it is envisaged that EPC services will become more available for vulnerable families.

Emphasis will also be given to improving referrals from secondary services, when vulnerable families are assessed as requiring support, to build their parenting competence and capacity. The review of the staged implementation will consider its benefits and identify further improvements to accessing EPC services.

In conjunction with the strategy, work will continue with the DEECD and DH to ensure that all Victorian families have access to universal parenting information, education and support.

Focus area 3

Build service and workforce capacity to continue to promote service quality and innovation

Objectives

- develop services that best respond to identified client needs and the best available evidence to inform future practice
- establish a statewide quality framework for early parenting services to continue to promote better outcomes for vulnerable children and their families
- develop consistent and simplified reporting and accountability requirements
- support a sustainable, multidisciplinary and culturally component early parenting service workforce to continue to provide high quality services
- recognise the expertise of early parenting services in early childhood development and parenting support
- examine changing service needs across Victoria to determine future investment for early parenting services

Key actions

- continue to evaluate and review early parenting services to identify good practice and embed this into service provision
- build on the evidence base underpinning early parenting services through continuing to consider relevant research and evaluations
- review existing accountability arrangements and develop a common data set and consistent reporting requirements that align with established systems, to build a strong evidence base for early parenting services
- establish registration processes for both PASDS and EPC services that complies with the Children, Youth and Families Act
- develop workforce development strategies to recruit and retain a multi-disciplinary and culturally competent workforce
- establish a professional development and training strategy to support staff to meet the changing needs of families to promote better outcomes for children in Victoria
- assess the capacity of services, including a review of facilities, to ensure they are adequate to provide services now and into the future.

The development of a new range of early parenting support services needs to be supported by a strong evidence base underpinned by a multi-disciplinary and culturally competent workforce. Facilities must be able to provide services now and into the future.

Services also need to be supported by a statewide quality framework for early parenting services aimed at promoting better outcomes for children and their families.

Building the early parenting services evidence base

Early parenting services will continue to build the evidence base underpinning these services through analysing relevant research and evaluations that respond to emerging trends. The next stage of the strategy will evaluate and review client needs and service outcomes. The recommendations from this evaluation will inform future service models and approaches.

Common data set and accountability requirements

A common data set will be developed that considers the data required to monitor and support integrated service provision and information sharing. The data set will support an analysis of family and service needs and build the evidence base for early parenting services, future planning and policy development.

The development of this common data set will be considered in line with data collection processes and databases already utilised by early parenting services. It will be aligned with the department's common data set project aimed at reducing unnecessary data burden, improving efficiency and feedback of information to service providers. A review will be undertaken of wider accountability requirements for early parenting services to simplify processes and promote greater consistency.

Registration

The Children Youth and Families Act states that the Secretary must maintain a register of out-of-home care providers and may require community based child and family services to be registered.

EPC services and PASDS are registered under the Act. From April 2010 onwards, providers of these services are required to undertake an internal review of these services and an external review every three years against the *Registration standards for community service organisations*. The practice evidence for early parenting services is being developed to guide and support agencies with this process. It will be reviewed in line with the VEPS and accreditation processes already undertaken by early parenting services. This work will support the development of a statewide quality framework for early parenting services to continue to promote better outcomes for children and their families.

Enhancing workforce capacity

The quality of staff is often the key factor in the success of earlier intervention programs (Guterman, 2009). A review of the skills, competencies, cultural competence and remuneration of staff working in early parenting services will ensure services are able to promote better outcomes for families and will inform the development of a broader sector workforce development strategy. This process will be aligned with statewide and national workforce strategies being developed across child and family services.

Early parenting service staff require the capacity to respond to the changing and diverse needs of families and to work with vulnerable families. A professional development and training strategy will be explored to support staff working with these families and promote reflective and evidence based practice. PASDS staff will require professional development in providing reports to inform decisions in relation to the care of a child by decision makers under the Children, Youth and Families Act. The education programs provided by EPCs may be a mechanism to deliver professional development and this will be further explored through the implementation of the VEPS.

Increasing service capacity

An evaluation of service demand and changing needs will assess the capacity of services across Victoria to meet the needs of vulnerable families now and in the future. Given the complex needs of families accessing services, this review will determine required future investment and will consider the need to update, expand and enhance early parenting facilities, infrastructure and equipment to support effective assessment and care, especially for high risk infants.



4. Making it happen

This document sets out stage 1 of the VEPS and seeks to provide a platform for change and development in relation to early parenting policies, programs and services.

The three key focus areas outlined in this stage of the strategy will be implemented across several stages as summarised below.

4.1 Next steps

Stage 1

The following next steps are required to be undertaken to support stage 1 of the VEPS:

Strengthening existing services

A number of immediate key tasks will be undertaken to strengthen existing systems and programs to ensure services are responsive to the needs of vulnerable children and their families including:

- development of a common data set and reporting requirements to inform future service planning and allow for greater sharing of information within the early parenting services system
- review of current referral processes to and from early parenting services to streamline and simplify referrals and improve coordination between services
- continued introduction of a coordinated intake system for EPC services and an analysis of the benefits of centralising these intake processes to prioritise services to vulnerable children and their families
- development of a protocol to enhance access pathways to and from EPC services, including moving to a requirement for professional referrals to access EPCs
- establishment of registration requirements and practice evidence for early parenting services.

Service and workforce needs analysis

An analysis will be undertaken of the early parenting services available in Victoria for vulnerable families from pregnancy to when their children are four years of age. This mapping exercise will consider accessibility of government and non-government early parenting services for vulnerable families to determine service needs and gaps across metropolitan and rural Victoria. Projected demand for these services will be considered in line with population projections for infants, socioeconomic data and other child and family data. This review will determine required future investment, expansion and enhancement of early parenting services infrastructure, equipment and facilities.

Current workforce issues facing early parenting services will then be analysed to determine strategies to enhance recruitment and retention of staff across Victoria. This work will be aligned with wider state and national workforce development strategies currently under development within the department, across the state and work occurring at a national level.

Evaluation of service models

An evaluation of current early parenting services will guide future statewide service models and policy development. This evaluation will include a review of referral pathways, assessment

tools, service models, good practice, discharge planning and reporting of outcomes for vulnerable children. This analysis will consider the current evidence base for these services.

Outcomes of other reviews and pilots will also inform this work including the 2001 review of PASDS by the Royal Children's Hospital and Melbourne University, work undertaken in relation to the high risk infant child protection program and the outcomes of the integrated placement prevention and reunification pilots. This review will form the basis of statewide program guides for PASDS and EPC services and will also inform opportunities to further trial new approaches to better the needs of vulnerable children and families.

Collaboration and communication

Partnerships will be built with other service areas to explore opportunities to better integrate services. This will provide vulnerable families with a coordinated and multi-disciplinary response. A particular focus will be to enhance the integration of early parenting service with secondary and tertiary services and to explore approaches to link families back in with universal services.

A communication plan for the strategy will be developed, for services and the wider public, to communicate the changes occurring within early parenting services as a result of implementing the key directions outlined in the VEPS.

Stage 2

Stage 2 of the VEPS will be informed by the service needs analysis and evaluation of early parenting services to determine the future services required to meet the changing needs of Victorian families and projected service demand.

This stage will outline new service models, approaches and practices and the service planning and redevelopment required to implement these changes.

4.2 Governance arrangements

The next steps of the VEPS will be developed in partnership with the Victorian Early Parenting Strategy Reference Group.

Working groups will be developed to support work in each of the key focus areas.

4.3 Further information

For further information on the VEPS development, please refer to:

Website: www.cyf.vic.gov.au/child-protection-family-services/family-and-early-parenting-support

Email: eps@dhs.vic.gov.au



Appendices

Appendix 1. Victorian government policies and developments in other services areas

Whole of government

Growing Victoria Together: A Vision for Victoria to 2010 and beyond

Growing Victoria Together is a ten year vision that articulates the priorities the Victorian Government has set to build a better society. The vision highlights the need to promote high quality, accessible health and community services; build friendly, confident and safe communities; and to have a fairer society that reduces disadvantage and respects diversity. See the Department of Premier and Cabinet website for further information www.dpc.vic.gov.au.

A Fairer Victoria: Standing together through tough times

A Fairer Victoria 2009 is a whole of government social policy action plan to address disadvantage and promote inclusion and participation. A key priority area of *A Fairer Victoria* is to give every child the best start in life. See the Department of Planning and Community Development website for further information www.dpcd.vic.gov.au.

Maternity and health services

In acknowledging the adverse effects negative experiences in the womb can have on children, the Victorian Government has focused attention on providing support to pregnant women. A key priority of *Victoria's plan to improve outcomes in early childhood* (National Reform Agenda) is to enhance antenatal care arrangements for vulnerable women to improve birth outcomes, with a focus on achieving greater continuity of care.

The *Healthy mothers, healthy babies* program seeks to address maternal risk behaviours by providing support during pregnancy including enhancing linkages to antenatal, postnatal and other health services. It targets pregnant women who are unable to access antenatal care services or that present with risk factors that require additional support.

The *Vulnerable babies children and young people at risk of harm: best practice framework for acute health services*, is a resource for health services to assist them in providing an effective health service response to vulnerable children. It concentrates on systems for identifying children at harm and at referral and collaboration to provide the most effective care.

See the Department of Health website for further information on these initiatives www.health.vic.gov.au.

Early childhood development

The *Growing, Learning, Thriving: Building on Victoria's Achievements in Early Childhood Development statement* outlines a strategic framework and actions to achieve the government's vision of increased access to high quality early childhood health, education and care for all children and to improve outcomes for disadvantaged young Victorians. This will include a home learning study focused on strengthening the home environment for learning of vulnerable children.

Maternal and child health service

The MCH Service is the primary universal care service for all Victorian families with children from birth to school age in Victoria. The *Blueprint for Education and Early Childhood*

Development sets out the government's five year agenda for learning and development from birth to adulthood. As part of this reform the MCH revised Service Activity Framework has been rolled out. This framework realigns the universal MCH service activities in accordance with current evidence, strengthens the role of the MCH nurse, and maintains the reputation of the Victorian MCH Service as an international leader.

The service works in partnership with families, communities and service providers with the focus being on the prevention, promotion, early detection and intervention of health and wellbeing concerns of children and their families. A schedule of consultations at ten key ages and stages has been developed for provision of information, advice and support relevant to the individual child and family circumstances.

The enhanced MCH service assertively responds to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors, for example disability, mental health and/or family violence concerns. This service is provided in addition to universal MCH services. It provides a more intensive level of support, including short term case management. Aboriginal families who are not linked into, or who require additional support to access the universal MCH service are included in the target group for this service.

Maternal and Child Health Line

The Maternal and Child Health Line is a 24-hour, 7 day a week telephone service available to families with children, from birth to school age, throughout Victoria. It is staffed by qualified MCH nurses who provide information, support and advice regarding child health, nutrition, breast feeding, maternal and family health and parenting.

Regional parenting services

Regional Parenting Services are universal services funded by the Department of Education and Early Childhood Development that aim to provide parenting support, education and advice. They help parents develop their skills and coping abilities and improve their relationships with their children. These services are for children from birth up until the eighteenth year.

Early childhood intervention services

Early Childhood Intervention Services (ECIS) support children with a disability or developmental delay from birth to school entry and their families. ECIS provides special education, therapy, counselling, service coordination, assistance and support to access services such as kindergarten and child care.

See the Department of Education and Early Childhood Development website www.education.vic.gov.au.

Child and family services

The Protecting children: the next steps (2005) provide the main directions for reform in the child and family service sector. This paper highlights the need to place children's best interest at the heart of all decision making and service delivery and to promote greater service integration and earlier intervention.

The *National framework for protecting Australia's children (2009)* is a long term, national approach to help protect all Australian children. The framework utilises the public health model of protecting children, which encourages prevention and earlier intervention and places children firmly at the centre of decision making.

Family services / Child FIRST

The implementation of the *Strategic framework for family services 2007* represented a significant shift in terms of culture, practice and service delivery for family services. This framework creates a stronger focus on the best interests of children and young people and targets more vulnerable children, young people and families through integrated family services and enabling an earlier intervention approach.

Child FIRST has been established in 24 catchments across Victoria to provide a community-based referral point into family services. Child FIRST engages with the referred child, young person and family to begin an assessment and planning process. Once a plan is in place for how best to support the child's healthy development and improve parenting capacity, Child FIRST will arrange for a family services agency to support the family.

Child protection

The child protection system has undergone significant reforms since the introduction of the Children, Youth and Families Act through the introduction of the *Best interests case practice model* (DHS 2008).

The HRI program has been the voice for infants at high risk and has helped inform child protection assessment, decision making and intervention relating to these infants. Work is being undertaken to identify HRI policy, practice and operational strengths and issues and to make recommendations about how best to provide specialist input to achieve better outcomes for infants.

In 2009-10 \$77.2 million was announced to build the capacity of the child protection workforce and to improve outcomes for vulnerable children.

Out-of-home care

In the 2009-10 State Budget, the *Directions for out-of-home care* policy agenda announced. The agenda is focused on:

- supporting families so more children and young people can group up at home
- redesigning care services to deliver greater placement choice and enabling children and young people to be better matched to placements
- securing improvements in the outcomes and life changes for children and young people in care.

As part of *Reform Direction 1: Support children to remain at home with their families* the department is piloting approaches to develop and redesign child and family services to prevent entry to care or to support family reunification by supporting parents to build their capacity to provide a safe and nurturing home environment. Infants (0-2 years) are a key focus of this work.

See the Department of Human Services website for more information www.dhs.vic.gov.au.

Aboriginal child and family services

The Best Interests Principles in the Children, Youth and Families Act promote the need in relation to an Aboriginal child to:

protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community (s.10).

The Children, Youth and Families Act includes a range of specific measures for Aboriginal children and families including:

- recognising the principle of self-determination and self-management for Aboriginal communities as part of the decision making process regarding Aboriginal children (s.12)
- requiring compliance with the Aboriginal Child Placement Principle in recognition of children's right to be raised (s.14)
- stating that the Principal Officer of an Aboriginal agency can be authorised to perform functions and exercise powers regarding Protection Orders (s.18).
- mandating preparation of cultural plans for Aboriginal children subject to guardianship or long term guardianship orders (s.176).

A range of services are delivered by ACCOs for Aboriginal children and families including:

- Aboriginal family preservation services—work closely with families to address safety concerns and enhance parenting skills, thereby enabling the children to remain at home or, facilitating their reunification with family.
- *Aboriginal family restoration services* — an intensive support program which provides a residential based program for the whole family.
- *The Aboriginal Child Specialist Advice and Support Service* – was created specifically to work with child protection. It must be consulted by child protection in relation to all significant decisions and actions concerning Aboriginal children and young people.

See the Department of Human Services website for more information www.dhs.vic.gov.au.

Family violence

In 2005, the Victorian Government initiated major reforms of the family violence service system across police, courts and support services. Funding was allocated in 2007 to develop new family violence laws; implement statewide the Common Risk Assessment Framework, and to continue the Family Violence Court Division, the court directed family violence counselling program, and new specialist family violence lawyers.

The *Family Violence Protection Act 2008* underpins new understandings of family violence by defining it as any behaviour that in any way controls or dominates a family member that causes them to fear for their own, or other family member's safety or wellbeing. Recognition and powers to protect children from the impact of exposure to family violence are central to the Act.

The 2008-09 Budget allocated an additional \$24.7 million over four years to achieve the following:

- the development of a Victorian prevention plan to prevent family violence before it occurs
- increased support for women and children at highest risk, including Aboriginal workforce development and cultural awareness training
- increased accountability through improved system responses to men who use violence (men's behaviour change programs)
- strengthening regional family violence governance
- a communications campaign to increase awareness of the new Act.

Integrated Family Violence Committees have also been established across Victoria to strengthen regional family violence responses, governance and implementation of the reforms.

See the Department of Human Services website for more information www.dhs.vic.gov.au and www.familyviolence.vic.gov.au.

Mental health

The *Because mental health matters: the Victorian Mental Health Reform Strategy 2009-2019*, launched in March 2009, is a whole of government strategy that envisages that all Victorians will have the opportunity to maintain good health and wellbeing, while those experiencing mental health problems can access timely, high quality care and support to live in the community. The strategy's core elements are prevention, earlier intervention, recovery and social inclusion.

The focus on early support to children and young people to build resilience and respond to emerging mental health problems is a cornerstone of the mental health reform vision. *Because mental health matters* indicates that, over time, this capacity will be further developed in settings that are part of the everyday lives of children, young people and their families.

A key priority is responding early in life and in the course of mental health problem in order to reduce risk and minimise the harmful impact on individuals, families, carers and the wider community. A high proportion of parents accessing early parenting services identify as having a mental health problem and as such these services are involved in a number of initiatives within the mental health reforms, including the FaPMI Strategy and the National Perinatal Depression Initiative.

Families where a parent has mental illness (FaPMI) strategy

Parents with a mental illness can feel isolated and unsupported and their needs as parents may not always be readily identified when they access public mental health and community support services. Parents may also have substance abuse issues that may impact on their parenting and the safety and wellbeing of their children. The FaPMI strategy is a service development strategy that encourages family focused practice through workforce training and networking to ensure timely identification and appropriate referrals to support services, in order to reduce possible negative impacts of parental mental illness on the family. The 2008-09 budget FaPMI initiative strengthened the capacity to target vulnerable families who are engaged with Child FIRST/Family Services. These positions are located in each department region and are managed and supervised by the Area Mental Health Service with an expectation to be present in some regular capacity to support Child FIRST/Family Services and their families with mental health and substance abuse issues.

National perinatal depression initiative

The Australian Government committed to implement an \$85 million plan for perinatal depression in partnership with states and territories. The intention of the plan is to improve early detection of antenatal and postnatal depression and to provide better support and treatment for expectant and new mothers experiencing depression. Approximately 13 per cent of women who give birth in Victoria each year will develop postnatal depression. Victoria has committed to a focus on improving training of health professionals to increase identification of women at risk of pre and postnatal depression and to expand treatment pathways for women.

Mental health care for children

As part of the mental health reforms, two demonstration projects are being funded to demonstrate how providers can plan and deliver an earlier, better integrated and more comprehensive service response to children and young people within the 0-25 years age group who experience a mental health problem. One of the key outcomes of the demonstration projects is an expanded assessment of preschool and primary school children who display early signs of social, emotional and behavioural problems.

See the Department of Health website for further information on these initiatives www.health.vic.gov.au.

Appendix 2. Description of department funded programs

Early parenting centre residential services

Residential services are provided at each EPC over four nights. This intensive early parenting program utilises evidence based parenting approaches, aimed at preventing risk factors from escalating, to improve a child's best interests and to build a secure attachment between the parent and their child.

Early parenting centre day stay services

Day stay services provide face-to-face professional support and advice in order to develop parenting competence and capacity and to strengthen family wellbeing and the parent and child relationship. These services are provided at each EPC or in different outreach locations.

Home-based services

Home-based services provide flexible, intensive early parenting programs in the home aimed at supporting vulnerable parents to nurture and care for their child independently at home.

Parenting assessment and skill development service

PASDS are provided by Victorian EPC and community service organisations in the home or in a residential setting. These services accept referrals from child protection high risk infant teams of infants from birth to two years of age, but may be inclusive of three year old children as appropriate.

These services provide an independent specialised assessment of a vulnerable infant/child's development and the parent's capacity and ability to take on new parenting skills. The specialised assessments conducted by PASDS are key to informing decision makers under the Children, Youth and Families Act, namely Child Protection and the Children's Court of Victoria about the care of a child and to ensure appropriate supports are provided to these vulnerable children and their families.

EPC PASDS also includes an intensive skill development service component for parents of these vulnerable infants and young children involved with child protection, to assist them to develop their skills, knowledge and capacity of to care and nurture their children.

Appendix 3. Protective and risk factors in infancy and toddlerhood

(Adapted from Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia Canberra 1999)

Risk factors

Child factors

In infancy

- Prematurity
- low birth weight
- low Apgar score at 5'
- birth injury
- metabolic disorder
- genetic malformation
- developmental delay
- prolonged/frequent crying
- low responsiveness to parent/caregiver
- substance exposure prenatally or dependence at birth

plus in toddlerhood

- chronic illness
- difficult temperament
- insecure/disorganised attachment
- poor attention and impulsivity
- hyperactivity/disruptive behaviour
- lack of age-appropriate empathy
- poor social skills (for age)
- Aggressiveness

Parent/caregiver factors

- teenage mothers
- single parents
- mental health concern, especially depression
- chronic illness/disability
- substance abuse
- Criminality
- antisocial behaviour
- <12 years formal education

Parenting style

- poor supervision and monitoring of child
- harsh or inconsistent discipline style
- lack of responsiveness to distress
- lack of warmth, affection, sensitivity
- low involvement in child's activities
- rejection of child
- abuse
- neglect

Family factors

- family violence
- marital discord
- disorganization
- negative interaction/social isolation
- large family size
- Single parent
- long term parental unemployment

Community/cultural factors

- socioeconomic disadvantage
- population density and housing conditions
- neighbourhood violence and crime
- cultural norms
- media portrayal of violence
- lack of support services
- social or cultural discrimination
- considering violence as acceptable response to frustration

Life events

- divorce and family break-up
- war or natural disasters
- death of a family member

Protective factors

Child factors

In infancy

- normal pregnancy and birth
- age-appropriate development
- good health
- adaptive to care routines
- internal locus of control; begins to self-regulate sleep-wake patterns
- easy temperament
- clear pre-verbal communication cues
- responsive to parent/caregiver
- secure attachment to parent/caregiver
- stimulating, safe play environment

plus in toddlerhood

- good coping skills
- optimism
- emotional self-regulation
- empathy (age appropriate)
- social skills (age appropriate)
- problem solving ability (age-appropriate)
- explorative behaviour (age-appropriate)

Parent/caregiver factors

- good health
- >12 years formal education
- positive affect; supportive, caring demeanor
- verbal and visual interaction with infant/child
- responsiveness to infant/child
- plays with and reads to child
- provides age-appropriate food/fluids
- encourages new learning, safe exploration
- sets realistic behaviour boundaries

Family factors

- family harmony
- involvement of extended family and strong kinship system
- > 2 years between siblings
- secure and stable family
- supportive relationship with other adult
- small family size
- strong family norms and morality
- socioeconomic stability

Community/cultural factors

- access to and uses support services
- uses community resources
- community networking
- attachment to community
- community/cultural norms against violence
- participation in other community group
- a strong cultural identity and ethnic pride

Appendix 4. Reference group members

Members

Ms Vivienne Amery	Tweddle Child and Family Health Service
Ms Sandy Brien	North and West Metropolitan Region, Department of Human Services
Ms Robyn Bourke	Eastern Metropolitan Region, Department of Human Services
Ms Anne Colahan	Maternal and Child Health, Department of Education and Early Childhood Development
Ms Sue Couper	The Queen Elizabeth Centre
Ms Jennifer Doherty	Child Protection, Placement and Family Services, Department of Human Services
Ms Angela Forbes	Connections UnitingCare
Ms Catherine Giles	High Risk Infant Program, Eastern Metropolitan Region, Department of Human Services
Ms Robyn Gillis	The Queen Elizabeth Centre
Ms Monica Kelly	Southern Metropolitan Region, Department of Human Services
Ms Veronica Love	Mercy Health O'Connell Family Centre
Ms Pip Lyons	Child Protection, Placement and Family Services, Department of Human Services
Ms Karen Mapleston	Child Protection, Placement and Family Services, Department of Human Services
Ms Robyn Miller	Children Youth and Families Division, Department of Human Services
Ms Mary McKinnon	Children Youth and Families Division, Department of Human Services
Ms Nicola Quin	Mental Health, Drugs and Regions Division, Department of Health
Ms Jeannette Webb	High Risk Infants Program, North and West Region, Department of Human Services
Mr Kevin Zibell	Child and Family Services Ballarat

Former Members

Mr Dirk Shruink	Mercy Health O'Connell Family Centre
Ms Megan Stanton	Southern Metropolitan Region, Department of Human Services
Ms Gaye McPherson	Child Protection, Placement and Family Services, Department of Human Services
Mr Michael Naughton	Child Protection, Placement and Family Services, Department of Human Services

Other Contributors

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Childhood Development

Ms Pam Stilling Early Parenting Services Consultant

Abbreviations

ACCO	Aboriginal Community Controlled Organisation
CALD	Cultural and linguistically diverse
CSO	Community service organisation
Child FIRST	Child and family information referral and support teams
DEECD	Department of Education and Early Childhood Development
DH	Department of Health
DHS	Department of Human Services
DPC	Department of Premier and Cabinet
DPCD	Department of Planning and Community Development
EPC	Early Parenting Centres
FaPMI	Family where a parent has a mental illness
HRI	High risk infant
MCH	Maternal and child health
PASDS	Parenting assessment and skill development services
VEPS	Victorian early parenting strategy

Glossary

Aboriginal

The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders.

Assessment

Identification of the strengths (protective factors) of the family in caring for the child encompassing: immediate family skills and resources, external formal and informal supports; demonstrated parenting knowledge and skills; relevant background and experiences of family members.

Identification of additional supports and resources that may be available to the family to assist them in caring for the child.

Identification of the limitations or stressors (risk factors) adversely affecting the family's ability to care for the child or children, and support the social, emotional, cognitive and physical development of the child or children.

Best interests

As outlined in Section 10 of the Children, Youth and Families Act 2005.

Child and family services

This document uses child and family services to refer to:

- secondary services that provide earlier intervention services and supports for families to prevent risk factors escalating and tertiary services being required, including family and early parenting services
- tertiary services for the protection of children who have experienced abuse and neglect and seek to ensure that the problems do not continue, including out-of-home care and child protection services.

Child and family information referral and support teams (Child FIRST)

This is the entry point into integrated child and family services in a designated sub-regional catchment. Child FIRST will assess the risk to and needs of the child and family and prioritise accepted referrals on the basis of need, then allocate these referrals to a family service.

Children

Children in the VEPS refer to children accessing early parenting services, normally between birth to four years of age.

Community service organisation

A non-government organisation funded to deliver a designated service to the community.

Cultural competence

Cultural competence goes beyond awareness and understanding and implies that this will translate into effective practice. Developing culturally competent services will be a key activity of each early parenting service and is informed by the *Aboriginal Cultural Competency Framework*.

Child Wellbeing and Safety Act 2005

Victorian legislation that governs the child and family service sector.

Children, Youth and Families Act 2005

Victorian legislation that governs the child and family service sector.

Child centred, family focused

A child centred, family focused approach brings together the specialist resources provided by a profession and the knowledge, skills, concerns, decisions and plans of the family. In this approach a child's best interests is the focus of services.

Family centred services are those where the family is central to all decision making, including choices about the resources and services they need. Control over the goals and content of intervention always remains with the family. In addition, the extended family and community networks provide potential resources and support which will be taken into account in service planning and delivery.

Earlier intervention

Applied to intervention that occurs when a child's or family's vulnerability has been identified. Early parenting services will provide critical, timely and responsive services before risks and concerns escalate and further specialist or tertiary interventions are required. By contrast the term early intervention refers to intervention at a stage before vulnerability has been identified and therefore applies to more universal services.

Early parenting centre services

There are three state government funded EPCs operating in Victoria including: Mercy Health O'Connell Family Centre (O'Connell), Queen Elizabeth Centre (QEC), and Tweddle Child and Family Health Service (Tweddle). QEC and Tweddle are registered public hospitals under the Health Services Act 1988. O'Connell is a registered Denominational Hospital under the Health Services Act and is now an entity of Mercy Hospitals Incorporated. Each of the three EPCs are accredited health service providers specialising in parenting and infant health.

EPCs provide a range of funded day stay, group, residential, and a growing range of home-based services across Victoria. A key focus of these services is to work in partnership with parents to identify infant and child health and development and parenting needs to build parenting competence and promote secure attachment between the parent and child. These services also seek to link families in with other community supports.

Early parenting service

Early parenting services are secondary and tertiary early parenting support services and include department funded EPC Services and PASDS. These services provide support to vulnerable children and families through seeking to build parental capacity and competence and to strengthen the parent child relationship.

Family

A child or children and the persons responsible for providing the necessary care and support to facilitate the social, emotional, cognitive and physical development of the child or children.

Family violence

Family Violence is defined in the Family Violence Protection Act 2008 as harmful behaviour that occurs when someone threatens or controls a family member through fear. It can include physical harm, sexual assault, emotional and economic abuse. The definition also outlines behaviours that can constitute violence and recognises the impact of violence on a child's development and safety. This definition informs the foundation of the integrated family violence reforms and is the basis of the Statewide Common Risk Assessment Framework.

Intake

Intake (or triage) is the term used by each EPC for the initial telephone consultation between a staff member and a client during which the family's level of need for service is assessed and the family is booked into an appropriate program or else is diverted to an external source of support. For PASDS services intake to a program is undertaken through the High Risk Infant Child Protection team.

Maternal and child health

Maternal and child health is a universal service that works with all families with children from birth to school age, supporting them during this often challenging phase of parenting.

Mercy Health—O'Connell Family Centre

O'Connell provides the following funded services:

- five day/four night residential services for ten families
- single day services for the centre
- single day stay services for families at Boorondara and Maroondah on Wednesdays and Fridays
- two hour parenting education sessions.

Parenting assessment and skills development services (PASDS)

PASDS are provided in the home or in a residential setting. They are services which provide an independent specialised assessment of an infant/child's development and parenting capacity. The assessments conducted by PASDS are key to informing the decisions of decisions makers under the CYFA, namely child protection and the Children's Court of Victoria. Throughout this assessment, they also seek to develop parents skill and development and facilitate reunification as required.

Queen Elizabeth Centre (QEC)

QEC provides the following department funded services:

- five day/four night Monday to Friday residential services at Noble Park
- 62 hours over nine weeks home-based Parenting Plus in Gippsland (Latrobe City FSIP), SMR and upper Hume Region
- multiple day stay (Playsteps) two programs per week; weekly sessions over eight weeks per family
- single day stay services at Noble Park and Wangaratta

- ten day residential PASDS for five families each fortnight at Noble Park
- home-based PASDS (120 hours over 12 weeks) from QEC bases in NWMR, SMR, Hume Region and Gippsland.

Services funded from other sources:

- Playsteps
- education services, including professional seminars and professional development workshops
- Communities for Children Initiative – a childbirth preparation program that helps parents prepare for the future relationship with their child
- Tummies to Toddlers – antenatal service pilot.

Tweddle Child and Family Health Service (Tweddle)

Tweddle currently provides the following department funded services:

- one four day/three night residential program per fortnight
- two three day/two night residential programs per fortnight
- one two day/one night weekend residential program per fortnight
- day stay programs at Footscray, Wyndham and Geelong
- ten day residential PASDS for two families each fortnight at Footscray.

Services funded from other sources

- Tweddle@Home – is a fee paying service that provides for an intensive three hour service that includes a two and half hour home visit and a half hour follow up consultation
- collaborative day stay programs
- breastfeeding Programs
- My Time – Helping parents of children with disabilities
- Tweddle Parenting Prison Program
- psychology services – psychology outpatient services
- social support programs (i.e. Team parenting services).

Vulnerable

Vulnerable children and their families in this strategy refer to families that:

- require support to prevent risk factors developing and further specialist services or tertiary level services being required
- are involved with tertiary services, for example child protection, and are in need of intensive parenting support in order to build capacity to care for their child in the home for reunification or placement prevention purposes.

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