

Principles for health and wellbeing

Underpinning effective
professional practice across
DEECD services



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Foreword

Health and wellbeing are essential for quality of life and are fundamental preconditions for learning and development. Active participation and engagement in learning, a positive experience of education or training and an informed awareness of health are crucial to long term health and wellbeing.

The DEECD strategic plan includes a focus on wellbeing and assists Victorians to build prosperous, socially engaged, happy and healthy lives. The Principles for Health and Wellbeing articulate the Department's commitment to health and wellbeing and their importance to education and training.

This commitment will enhance the ability of government, service providers, early childhood services, schools, families and the community to work towards enabling bright futures for Victorian children and young people.

This resource will support training, joint planning, priority setting, service improvement, innovation and the development of common practices between services.

Victorian regions, local governments, service providers and networks already demonstrate significant leadership, initiative and innovation in supporting the health and wellbeing of young Victorians.

The Principles for Health and Wellbeing will enhance this work, and offer a common language and approach to developing a service system that meets the needs of the whole person, and promotes and embeds health and wellbeing in our work.

The Principles for Health and Wellbeing

Principle 1 – Maximise access and inclusion

Quality universal services for all, with extra effort directed to ensuring education and health and wellbeing services are accessible to, and inclusive of, the most vulnerable and disadvantaged.

Principle 2 – Focus on outcomes

Health, learning, development and wellbeing outcomes are the focus when designing, delivering, evaluating and improving education and health and wellbeing services.

Principle 3 – Evidence-informed and reflective practice

Current and relevant evidence known to be effective in improving outcomes informs policy making and professional practice. Research and evaluation is undertaken to generate evidence and enable effective and reflective practice.

Principle 4 – Holistic approach

Collaboration between services and multidisciplinary professional practice is pursued to meet the needs of children, young people and families and their health, wellbeing and learning goals.

Principle 5 – Person-centred and family sensitive practice

People are seen in the context of their families and environment and are supported and empowered to lead and sustain healthy lives.

Principle 6 – Partnerships with families and communities

Partnerships are forged with children, young people, families and communities, who are seen as partners in the creation of healthy environments and good health and wellbeing.

Principle 7 – Cultural competence

Effort is made to understand and effectively communicate with people across cultures and to recognise one's own world view. Cultural connection is recognised as playing an integral part in healthy development and wellbeing.

Principle 8 – Commitment to excellence

High expectations are held for every child and young person. Professionals continually assess their own work practices to find opportunities for improvement.

1 Introduction

The Department of Education and Early Childhood Development (DEECD) exists to support Victorians to build prosperous, socially engaged, happy and healthy lives. We do this by supporting lifelong learning and healthy development, strengthening families and helping people to gain the skills and knowledge they need to thrive and participate in a complex and challenging economy and society.

The Department's 10-year goal is to make Victoria a world leader in learning and development. To achieve this we need to support the development of the whole person. 'Wellbeing' is one of the four key outcomes areas that we want to improve and measure, to track our progress. These outcomes are described below.

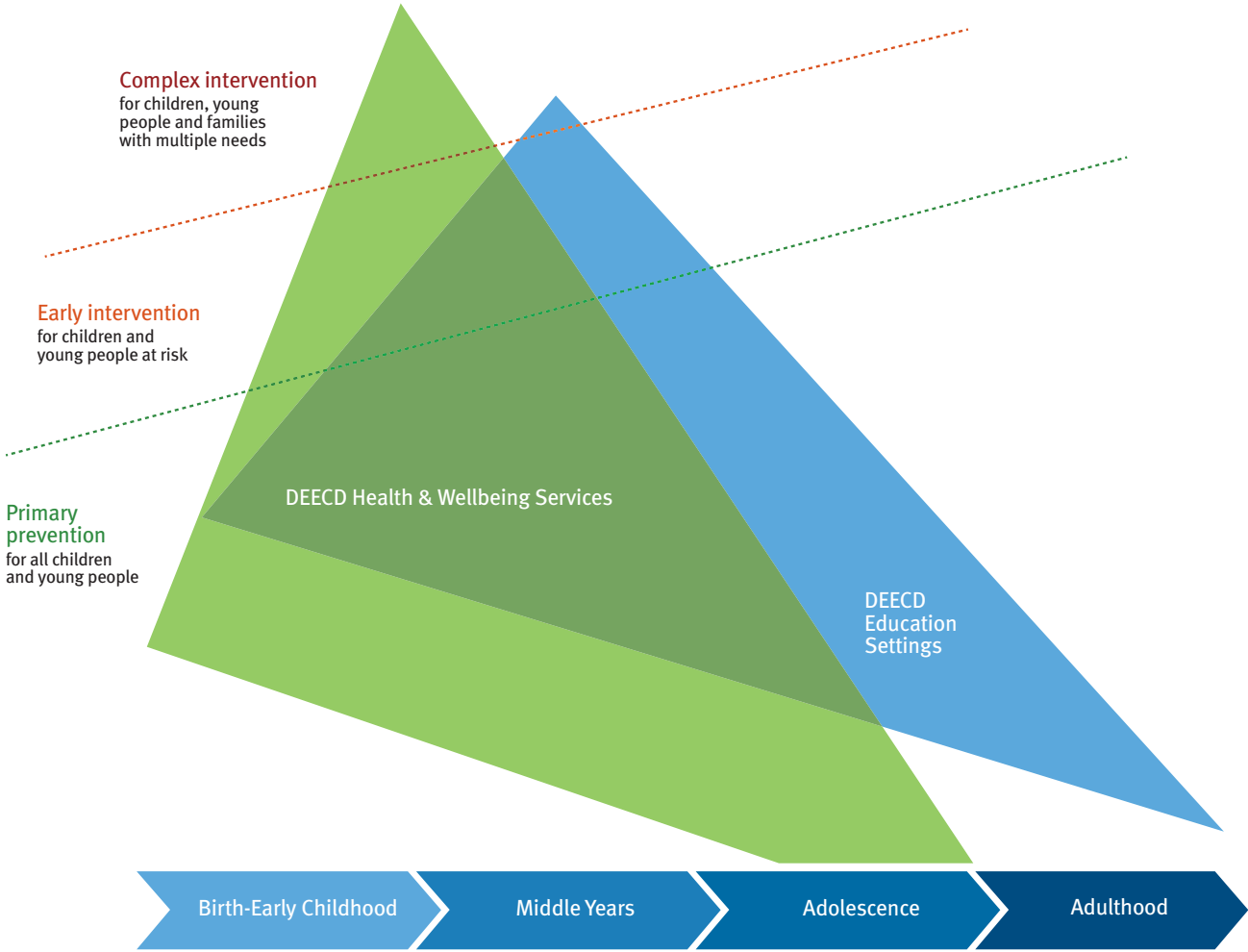
Achievement	Engagement	Wellbeing	Productivity
Raise standards of learning and development achieved by Victorians using education, development and child health services	Increase the number of Victorians actively participating in education, development and child health services	Increase the contribution education, development and child health services make to good health and quality of life, particularly for children and young people	Increase the economic and social return on expenditure on DEECD's services

DEECD recognises that healthy development and education is a shared responsibility, with families, learners, and our services all playing a role. Health and wellbeing is an important outcome in its own right, but it is also a precondition for learning and employment, and is an indicator of successful education. This is why DEECD has a particularly important role in contributing to the good health and wellbeing of Victorians.

Recognising that investment in early childhood and on prevention, genuine early intervention and reducing disengagement produces greater returns, we will focus on prevention and the junctures in the course of a young person's life where we can have the greatest impact.

The Department can primarily influence health and wellbeing through its education settings and the health and wellbeing services that are interconnected (Figure 1.1).

Figure 1.1 DEECD health and education nexus



Key policy drivers

The development of the Principles for Health and Wellbeing has been informed by, and will enhance the Department's response to Victorian and Australian Government policy and initiatives, some of which are outlined below.

- The Victorian Public Health and Wellbeing Plan 2011-2015 states 'better health has important benefits for optimal development and educational attainment'. The plan identifies early years and education settings as one of the four priority settings for action and engagement in 'building a Victoria wide prevention system'.
- The Victorian Parliamentary Inquiry into the Potential for Developing Opportunities for Schools to Become a Focus for Promoting Healthy Community Living (2010) recommended a broad framework for how the Victorian health-promoting schools approach could be supported through Victorian government, Catholic and independent schools.
- The Victorian Early Years Learning and Development Framework. This framework for all professionals working with children from birth to eight years of age sets clear outcomes for children's wellbeing, together with other outcomes that support learning and development. The framework also outlines practice principles for professionals working with children including collaborative, effective and reflective practice.
- The National Quality Framework for Early Childhood Education and Care sets a new national benchmark for the quality of education and care services. One of the key objectives of the National Quality Framework is to ensure the safety, health and wellbeing of children attending education and care services.
- Victoria as a Learning Community Action Plan (2013) sets out the Government's vision for raising the standards of learning and development. Implementation of the Principles for Health and Wellbeing can assist in school reform to 'shift the achievement curve' and 'maximise access and inclusion'.
- The Shape of the Australian Curriculum: Health and Physical Education paper recognises schools as key settings for developing health related knowledge and skills and promotes a strengths-based approach to improving health and wellbeing through the school curriculum.
- The Victorian Auditor-General's report on the Effectiveness of Student Wellbeing Programs and Services (2010) concluded that DEECD did not have a clear and current overarching framework defining its student wellbeing objectives, programs and services. It called for greater coordination, overarching policy and better evaluation of program and service effectiveness.
- The Victoria's Vulnerable Children - Our Shared Responsibility Directions Paper (2012) outlines the Victorian Government's first-year initiatives, longer term commitments and areas requiring further consideration as a result of the Protecting Victoria's Vulnerable Children Inquiry's recommendations.

DEECD health and wellbeing services and supports

In addition to education, DEECD uniquely delivers a range of health and wellbeing services to Victorian children, young people and their families. Services are available from birth through to early childhood and school settings. The target populations of these services are presented in the following table.

	Birth	Preschool years	Primary school years	Secondary school years	
UNIVERSAL	Maternal and Child Health Service		Primary School Nursing		
	Maternal and Child Health Line				
	Parentline				
					School appointed wellbeing & engagement staff
TARGETED				Student Support Services	
				Primary Welfare Officers	Student Welfare Coordinators
				School Focused Youth Service	
	Regional Parenting Services				
Enhanced Maternal and Child Health Service					
DISABILITY	Early Childhood Intervention Services		Program for Students with Disabilities		
	Flexible Support Packages				
		Preschool Field Officers			
		Kindergarten Inclusion Support Services			
Koorie	Koorie Engagement Support Officers				
	In Home Support Program	Home Based Learning			
		Koorie Preschool Assistants			

2 Aims and objectives

The Principles for Health and Wellbeing are the result of an extensive engagement and consultation process. This consultation has informed the development of a common language and vision of how we can collectively promote and support the health and wellbeing of children, young people and adult learners through DEECD services.

Aim

The Principles for Health and Wellbeing underpin professional practice in and across DEECD health and wellbeing services, early childhood services and schools to promote and support young Victorians' optimal health, wellbeing and educational outcomes.

Objectives

The Principles for Health and Wellbeing seek to:

- convey the Department's commitment to contributing to Victorian children and young people's health and wellbeing, and delivering high quality services,
- establish shared principles for effective service delivery and encourage work across the 'continuum of intervention' for health and wellbeing and preventative practice,
- provide a unifying conceptual framework for DEECD health and wellbeing services and
- support coordination and collaboration between DEECD services and those provided by other government departments and community organisations.



Scope

This document and the Principles for Health and Wellbeing focus on children and young people, as early childhood educators, teachers, school staff and DEECD health and wellbeing services have a particular duty of care and opportunity to protect, promote and support children's wellbeing. The Principles are also applicable to services for adult learners.

The primary audience for the Principles is:

- early childhood services,
- school communities and alternative education providers,
- DEECD health and wellbeing services and
- DEECD central and regional office staff.

These Principles are already applied by many services and professionals who demonstrate high quality practice. For example, early years professionals are already well advanced in promoting and supporting young children's wellbeing guided by the Victorian Early Years Learning and Development Framework – Practice Principles.

The purpose here is to create a cohesive framework for health and wellbeing.



3 Principles for health and wellbeing

The Principles provide a shared language and basis for DEECD services to work together to improve outcomes for children, young people and adult learners. They underpin the work of these services and should be incorporated into the policies, guidelines, standards and most importantly, the daily work of service providers.

Principle 1 – Maximise access and inclusion

Quality universal services for all, with extra effort directed to ensuring education and health and wellbeing services are accessible to, and inclusive of, the most vulnerable and disadvantaged.

All Victorian children and young people should be able to access education and health and wellbeing services when needed, regardless of their ability to pay, their race, faith, culture, sexual orientation, gender, ability or regional location.

Universal access to early childhood education and care and school education is an important foundation for learning and health and wellbeing. Universal services also play an important role in identifying vulnerable children.

For those with additional needs, delivering services in a universal venue, such as a school, may reduce the potential for stigma because these venues are not associated with a specific type of problem. Some services, such as the Maternal and Child Health Service (MCH), are available to all children and families in Victoria. The Enhanced MCH Service assertively responds to the needs of children and families at risk of poor outcomes, providing more intensive intervention through an accessible universal platform. Other services target particular groups and therefore have specific criteria for access. For example, the Early Childhood Intervention Services are targeted at children with a disability or developmental delay who have a number of support needs. Student Support Services target school students facing barriers to learning and support them to achieve their educational and developmental potential.

Accessing health and wellbeing services should be quick and easy, with no ‘wrong doors’. Those seeking assistance will be placed in contact with the services they require, regardless of which service they first approach. Health and wellbeing services will be well informed about the range of available services, information and resources in their area and will establish clear referral pathways with Departmental and external services.

Shifting the curve through progressive universalism

“...actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate (progressive) universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.”

Fair Society, Healthy Lives – The Marmot Review, February 2010

In order to ‘shift the curve’ and narrow the gap in children’s health and developmental outcomes, a population approach to service provision is required.

By focusing efforts on the whole community or population, rather than solely on those at highest risk, the population curve is shifted to the right. This ensures a greater number of people benefit from improved health and wellbeing and there is an increase in the number of children falling into the average or above average range of health and wellbeing outcomes (Figure 3.2).

Targeting the most vulnerable groups and providing them with additional supports and services, as part of a universal approach, decreases the number of children in the ‘vulnerable domain’ not attaining normal development.



Figure 3.1 Normal distribution of child development outcomes

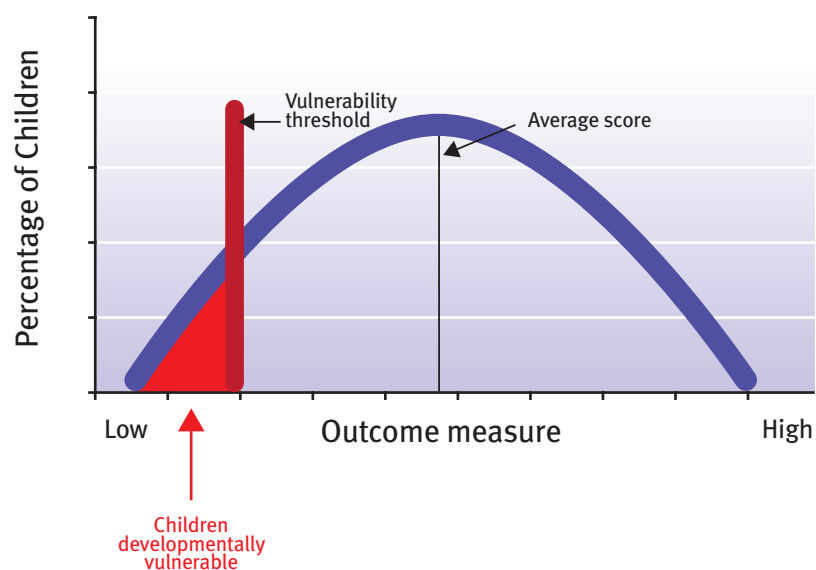
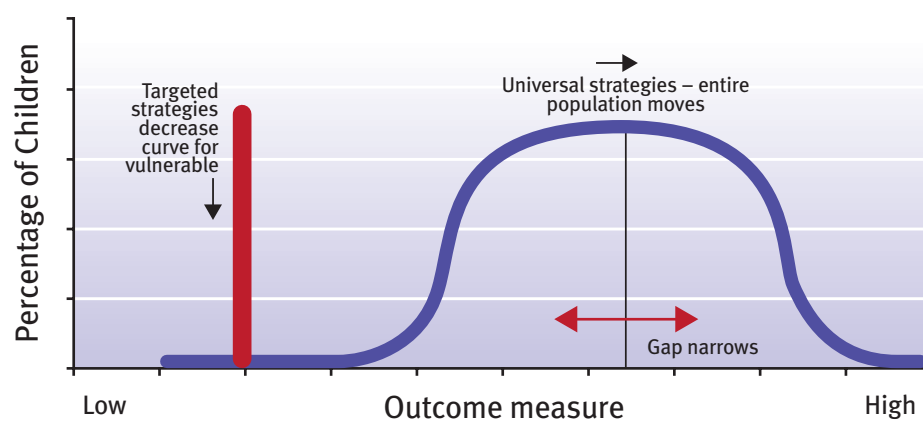


Figure 3.2 Universal intervention improving outcomes for more children



Source: AEDI National Support Centre (Adapted from Hertzman & Power 2004, 'Child development as a determinant of health across the life course', Current Paediatrics, vol. 14(5), pp. 438-443)

Case example: Access and Service Coordination Project

Wyndham and Hobsons Bay city councils in partnership with HealthWest Primary Care Partnership, secondary schools, alternative education providers and a wide range of youth and community services are working together to improve identification of risk, assessment and service delivery for young people in their communities.

This 'Youth Partnerships Project' utilised the Better Access to Services: A policy and operational framework as a foundation for the work, while a thorough consultation process with key stakeholders and its findings have informed its progress. The project involved developing a locally appropriate tool to identify initial needs and associated protocols for referral, as well as localised and user-friendly online youth service directories. The Initial Needs Identification (INI) tool and protocol have been trialled locally, supported by in-service coordination training for youth support services and schools.

Wyndham Youth Directory – Find the right service

Youth

Parents & Carers

Service & Education Providers

Emergency

Looking for help?

Urgent help

Services that can help when a lot of detailed and urgent help is needed.

Direct help

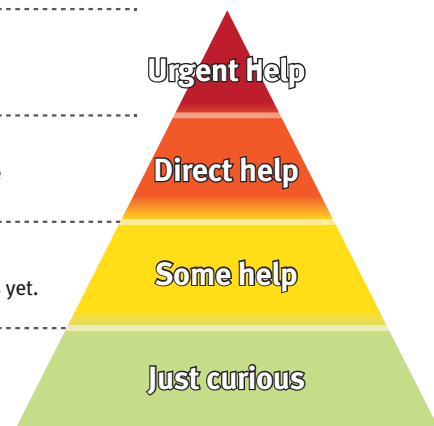
Services that can help when you need focused help for a particular issue, or there are a lot of problems.

Some help

Services that can help when a problem first appears and does not feel too serious yet.

Just curious

Social activities, programs and information that can link you in with other young people and the local community.



The Initial Needs Identification tool and protocol involves community services and education providers who come in contact with young people who are disengaged or at risk of disengagement, using a common tool and protocol to screen for health and social risk. This process seeks to give young people an opportunity to discuss their full range of needs as early as possible, helping them to avoid retelling their story and to receive timely support.

The project has demonstrated the importance of partnerships between sectors, service coordination principles, local responses, client-centred service delivery and utilising technology. The tools will now be revised based on trial findings and online youth service directories will be replicated in other areas of Victoria.

Principle 2 – Focus on outcomes

Health, learning, development and wellbeing outcomes are the focus when designing, delivering, evaluating and improving education and health and wellbeing services.

Health and wellbeing services and education settings are both responsible for improving outcomes for children, young people and adult learners.

Data collection, monitoring and evaluation are all required to measure the impact of services on outcomes and support continuous quality improvement.

A focus on outcomes is used when designing, delivering, evaluating and improving DEECD services and programs. This approach ensures these services respond to need and provides a basis for shared planning between services. It also results in better use of resources, by focusing support where there is most need, and by providing greater consistency and accountability across DEECD services. Services work together to achieve agreed outcomes for children, young people and adult learners. Their planning will be based on outcomes sought and drawn from a common understanding of priority populations, local needs and the importance of strategies for prevention and health promotion shaped by local data.

Promoting healthy minds for living and learning

Emotional wellbeing, positive social values and supportive relationships are vital to learning, development and a positive experience of life.

Education settings and services have a key role in promoting mental health in all children, young people and adult learners. They do this by nurturing a positive learning environment, assisting with the development of social and emotional learning, modelling and nurturing positive social values, building connections with families and communities and assisting those who may be at risk of developing mental illness. Educators and services are encouraged to work together to increase their respective capacity to deliver and promote mental health and identify and respond to mental health concerns.

Case example: The State of Bendigo's Children report

The City of Greater Bendigo received an award from the United Nation's International Children's Emergency Fund (UNICEF) as Australia's first Child Friendly City. The award reflects a shared community commitment to creating a place where children feel safe and secure and are able to explore and learn about the world.

Building on this international recognition, the community acknowledged that more could be done to improve outcomes for children and young people.

The Bendigo Child Friendly City Leadership Group, in partnership with the City of Greater Bendigo, St Luke's Anglicare, regional state government agencies, community groups and business leaders, developed and released The State of Bendigo's Children report in March 2011. The report, which includes health and wellbeing across 20 indicators, enabled Bendigo to compare how its own children were tracking against the Victorian average for each indicator.

This meant that the community was able to see its own strengths very clearly, but were also able to identify areas for improvement.

The shared responsibility for the health and development of the city's children and young people was cemented by the leadership group releasing the report's findings to the public. By being transparent about its children's strengths and vulnerabilities, Bendigo invited the public to keep them accountable for the state of the community's children and young people.

Principle 3 – Evidence-informed and reflective practice

Current and relevant evidence known to be effective in improving outcomes informs policy making and professional practice. Research and evaluation is undertaken to generate evidence and enable effective and reflective practice.

Evidence-informed practice is guided by the best research and information available. Good evidence identifies the potential benefits, harms and costs of intervention. Evidence may be of a qualitative or quantitative nature.

Evidence-informed work with individuals and families requires integration of professional expertise, the best available external evidence and understanding about individual and family values, culture and expectations.

In the context of health promotion, evidence comes from a variety of sources including population health statistics, journals and publications, evaluation reports and locally collected data. An evidence-informed planning and evaluation framework should be adopted to guide the implementation of health and wellbeing programs. Evaluation is crucial to assess the effectiveness of a program, its cost, whether it achieved what was expected and to identify opportunities for improvement. Evidence-informed practice and evaluation requires knowledge, research skills and techniques that need to be learnt and applied.

Case example: Catalogue of evidence-based interventions

DEECD provides an online catalogue of evidence-based interventions to assist health and wellbeing services, early childhood services and schools to provide and plan for early intervention programs that improve the health and wellbeing of children and young people.

It is organised around key sections containing indicators of improvement in outcomes for children and young people. Each indicator has up to four recommended strategies that can be implemented and adapted to local needs.

Early Childhood Indicators	Adolescent Indicators	
• absenteeism	• kindergarten participation	• asthma
• antenatal and parental smoking	• Maternal and Child Health service participation	• behavioural difficulties
• asthma	• oral health	• food security
• behavioural difficulties	• parenting support	• school retention rate
• birth weight	• physical activity	• substance use
• breastfeeding	• reading, writing and numeracy	• teen pregnancy
• child protection	• sun protection	• young adults with a trusted adult in their lives
• food security	• injury	• underage convictions
• immunisation		• unemployed early school leavers

Principle 4 – Holistic approach

Collaboration between services and multidisciplinary professional practice is pursued to meet the needs of children, young people and families and their health, wellbeing and learning goals.

Across and within services, professionals need to work together to engage with a child, young person or adult learner and provide them with an opportunity to discuss their full range of needs and strengths as early as possible. For those who have multiple or complex needs, services need to respond by coordinating comprehensive support that could not otherwise be provided by a single service or professional. A balance of both individual and population-wide intervention is required to impact on health and wellbeing outcomes. At the local level, partnerships are required to build the capacity of communities to develop and sustain improved environments conducive to health and wellbeing.

Health is influenced by more than genetics, lifestyles and provision of services, and a joint effort is needed to respond to the broader influences impacting on children, young people and adult learners. Collaboration should include a wide range of sectors, including those organisations that may not have an explicit health focus, to increase the chances of positive outcomes for them.

Various structures and processes help support a holistic approach to service delivery. For it to succeed, shared governance structures, flexible program requirements, collaborative planning, accountability and dedicated time for collaboration is required.

From a service user's perspective:

The information and support that I get comes from people who work together to understand what my family needs; they manage and offer services that help me to be in control and do the best that I can. In my local area people are working together to create a healthier community.

From a service provider's perspective:

We provide coordinated support to those we work with. We work directly with the person and their family, and often with other local services to plan, and pull together the information and support they need. I enjoy working closely with, and really involving other health services and local people, to build on community health promotion efforts.

Case example: Integrated family and children's services at Doveton College

The momentum to establish Doveton College came when leaders of the Doveton and neighbouring Eumemmerring communities looked in depth at the needs of their community and the opportunities being missed to change life outcomes. What emerged was a new service model. At Doveton College, children and families now have access to an integrated family and children's service that assists with parenting, education, employment and access to other services.

All services within the Doveton College model are expected to contribute to and subscribe to a shared vision of 'one family file', creating partnerships and effective referral pathways within the network. Participating agencies are required to sign a memorandum of understanding with Doveton College for the programs they provide. Agency partners include local government, health services, community services, Victorian government departments and research and non-government organisations.

Principle 5 – Person-centred and family sensitive practice

People are seen in the context of their families and environment and are supported and empowered to lead and sustain healthy lives.

Parents, carers and families have the first and often most enduring impact on the development of an individual. It is essential that education settings and health and wellbeing services recognise and respect the central role played by families, kinship networks and carers and support them to be actively involved in their child's learning, good health and wellbeing.

Involvement of a family will not be appropriate in all cases and the safety, stability and wellbeing of children should be paramount.

A focus on building skills and health literacy can help children, young people and families promote their own health and the health of others.

Services recognise and respect the voices of children, young people and adult learners and where possible, actively and appropriately involve them in shaping their care and support arrangements. Children and young people are provided with opportunities to express their feelings and wishes. The setting in which the service is provided takes into account the language, age and cognitive and social development of the child, young person or adult learner.

This type of approach requires a strong understanding of human development, an open, non-judgmental and respectful attitude and flexibility to work with people for the time required to achieve a positive outcome. Flexible services respond to changing needs and circumstances and help foster resilience in the face of adversity. Services can support each other to move toward person and family centred practice and meet the challenges this brings. Reflecting regularly with others helps service providers to embed the approach in everyday practice and policy. A shift from the 'professional as expert', to a practice that is person and family sensitive, requires commitment from across an organisation and support from management.

Case examples: Policy and guidelines promoting family sensitive practice

Victorian Early Years Learning and Development Framework

Early childhood professionals:

- use families' understanding of their children to support shared decision-making about each child's learning and development,
- create a welcoming and culturally inclusive environment where all families are encouraged to participate in and contribute to children's learning and development experiences,
- actively engage families and children in planning children's learning and development and
- provide feedback to families on their children's learning and information about how families can further advance that learning and development at home and in the community.

Student Support Services Guidelines

Within the context of the school environment, the Student Support Services Guidelines promote the involvement of family members in discussions about their child's additional needs and seek to ensure that school and Student Support Services officers maintain open lines of communication at all stages of referral, assessment, intervention and evaluation.

Principle 6 – Partnerships with families and communities

Partnerships are forged with children, young people, families and communities, who are seen as partners in the creation of healthy environments and good health and wellbeing.

The experiences and knowledge of children, young people, families, community members and local groups can assist service providers to understand the best ways to provide services, maximise participation and improve outcomes.

Most young people complete their schooling and engage with further education or training before successfully entering the world of work. Some young people need additional support to complete their education and successfully transition to further education or training. Most of these young people can be capably supported by student support services, school based health and wellbeing staff, mentors, the community or business.

Effective partnerships between services, education, families and the community will help to forge a shared commitment and collaborative actions to improve health and wellbeing outcomes in Victorian communities.

Effective partnerships:

- have clearly defined goals and objectives,
- are thoroughly planned, with clearly defined roles and responsibilities and strong leadership,
- don't duplicate other local or broader partnerships,
- are able to become sustainable,
- have a sound monitoring and evaluation process and
- are able to respond to change.

Case examples: Partnerships for healthy environments and good health

Healthy Together Achievement Program

The Achievement Program for early childhood education and care services and schools encourages children, students, staff and families to be actively involved in creating healthy schools and early education settings and has a focus on building and strengthening community partnerships. It is a joint initiative of the Victorian Department of Health and DEECD.

Partnership with local Aboriginal communities to improve access to services

As part of the National Partnership Agreement on Indigenous Early Childhood Development, two Aboriginal Children and Family Centres (CFCs) have been established in Victoria (in Whittlesea and Bairnsdale). Both CFCs provide a mix of early childhood and family support services, including long day care, kindergarten for three and four-year-old Aboriginal children and visiting health and wellbeing professionals.

Principle 7 – Cultural competence

Effort is made to understand and effectively communicate with people across cultures and to recognise one's own world view. Cultural connection is recognised as playing an integral part in healthy development and wellbeing.

Understanding and respect for other cultures and beliefs are essential. Developing the cultural knowledge of the workforce and recognising the importance of values, beliefs, culture and background in staff and children, young people and adult learners and their families will improve service delivery. To effectively meet the needs of all children and young people, services must overcome any cultural biases and incorporate culturally appropriate activities.

Cultural competence is defined as the integration of a set of congruent behaviours, attitudes, and policies in a system, agency, or among professionals, allowing those entities and professionals to work effectively in cross-cultural situations. From an operational viewpoint, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in suitable cultural settings, increasing the quality of services and thereby producing better outcomes.

There are five essential factors that contribute to the ability of service providers to become more culturally competent. They need to:

- value diversity,
- have the capacity for cultural self-assessment,
- be conscious of the 'dynamics' inherent when cultures interact,
- embed cultural knowledge and
- adapt service delivery to reflect an understanding of diversity between and within cultures.

These five factors must be evident at every level of the service delivery system and reflected in attitudes, structures, policies and services.

Culture plays a fundamental role in shaping identity and belonging. A strong sense of cultural connection builds resilience and plays an integral part in healthy development and wellbeing. Cultural connectedness can act as a protective and stabilising factor. It can help overcome disadvantage and create a foundation for better outcomes, particularly for Aboriginal children.

Case examples: Policy supporting cultural competence

Dardee Boorai

The Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People is an Aboriginal community and Victorian Government commitment to give Aboriginal children and young people every opportunity to thrive and achieve their full potential in life. Dardee Boorai affirms the strength and resilience of Victoria's Aboriginal culture, communities and families. A central commitment is the provision of an equitable, culturally competent service system that welcomes and supports children, young people and their families.

Aboriginal Inclusion

Acknowledgment and respect of Aboriginal culture, values and practices is at the heart of successful engagement with Aboriginal people. The Victorian Government Aboriginal Inclusion Framework outlines the objective to provide all Victorian Government policy makers, program managers and service providers with a structure for reviewing their practice and reforming the way they engage with and address the needs of Aboriginal people in Victoria. This is fundamental to supporting the Government's work to deliver better outcomes for Aboriginal Victorians.

Principle 8 – Commitment to excellence

High expectations are held for every child and young person. Professionals continually assess their own work practices to find opportunities for improvement.

Service excellence is the result of striving to maximise the effectiveness of service delivery through ongoing assessment of work practices. It also involves looking for opportunities to make improvements and ensuring that the highest standards of service delivery are maintained.

The Department's services have a shared responsibility in improving outcomes for children and young people. Having data collection, monitoring, reporting and evaluation processes in place allows progress against these outcomes to be tracked. Services will be able to recognise when they are underperforming to allow discussion of deficiencies and be flexible enough to respond to changing needs, leading to a self-improving system.

The quality and competence of the workforce are major factors for driving excellence. Clear position descriptions of roles and responsibilities are needed and those employed will have suitable skills, background and education to perform their roles.

Professionals who deliver services will adhere to and maintain professional development standards in accordance with their own discipline.

Providing targeted professional support and opportunities for staff to engage in ongoing learning and development is fundamental to achieving a quality workforce. This can be supported through the practice of promoting critical reflection and a strong culture of professional enquiry. Services can establish a reflective practice by:

- gathering information that supports, informs, assesses and enriches decision-making about appropriate professional practices,
- continually developing professional knowledge and skills to enable the provision of the best possible health, learning and development opportunities for children and young people,
- promoting practices shown to be successful in supporting positive outcomes for children and young people and
- using evidence to inform service planning.

Case example: Policy and guidelines promoting reflective practice

The *Reflective Practice Education Resource for Maternal and Child Health Nurses* is a professional development resource designed to support the understanding and implementation of reflective practice.

This resource includes a 'portrait of my learning at work' activity sheet that aims to develop awareness of professional learning opportunities. It does this by asking reflective questions such as how frequently an individual might participate in work practices like those listed here:

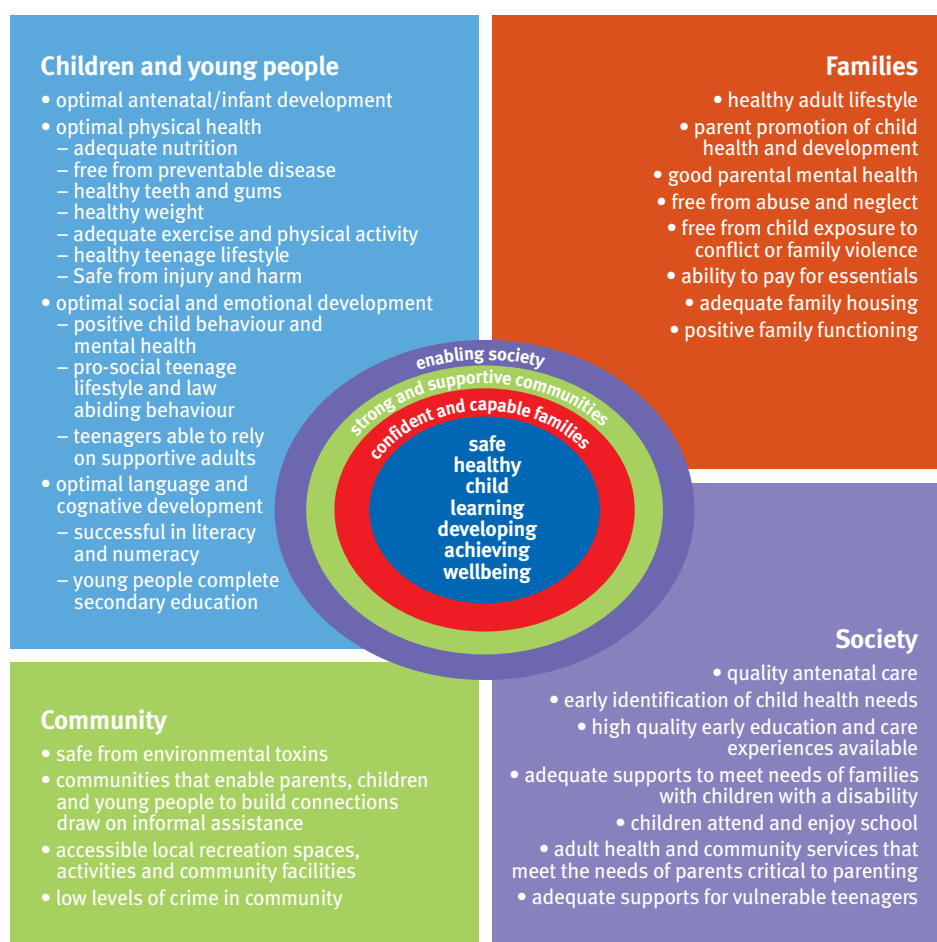
- I record what I am learning from my day-to-day practice.
- I clarify expectations about my role with colleagues.
- I do my own professional reading.
- I visit other Maternal and Child Health (MCH) centres.

The *Victorian Early Years Learning and Development Framework – Practice Principles* includes reflective practice as a means for professionals to become more effective in their role.

4 DEECD contributing to health and wellbeing outcomes

The Victorian Child and Adolescent Outcomes Framework identifies the outcomes known to be of most importance to children and young people's lives and to reflect the influence of families, community and society (Figure 4.1). The DEECD health and wellbeing priorities table details selected health priorities that DEECD education and health and wellbeing services can jointly contribute to over the long term. The Victorian Child and Adolescent Monitoring System (VCAMS) is the comprehensive monitoring system that enables measurement and reporting against the outcomes for Victorian children and young people articulated in the Framework. The Principles for Health and Wellbeing aim to contribute to these outcomes by promoting effective and coordinated services that are responsive to individual needs, and family, community and cultural contexts.

Figure 4.1: Victorian Child and Adolescent Outcomes Framework



Measuring System Performance

The health status, or health and wellbeing outcomes, of young Victorians are of ultimate interest in evaluating the performance of our service system as a whole. Health and wellbeing priority areas of most relevance to DEECD services are presented on the following page.

In addition to monitoring population outcomes, it is important to measure service performance directly, as there are a myriad of factors (Figure 5.2) that influence child and adolescent health and wellbeing. The six domains of health system performance according to the National Health Performance Framework are:

Accessibility	Effectiveness
Safety	Responsiveness
Continuity of care	Efficiency & Sustainability

The Principles for Health and Wellbeing and outcomes listed in the DEECD health and wellbeing priorities table provide a starting point for discussion about measuring the contribution of DEECD services to Victorians health and wellbeing.



DEECD health and wellbeing priorities


DEECD services jointly contribute to addressing health priorities with families, communities and other health and human services. Marked responsibilities are not intended to be prescriptive.

Outcomes	Priority area	Early Childhood Supports		Education settings		Student supports				
		Maternal & Child Health Service	Early Childhood Intervention Service	Early Education and Care	Schools	Student Support Services	Primary School Nursing	Primary Welfare Officers	Secondary School Nursing	Student Welfare Coordinators
Optimal physical health	Optimal antenatal, breastfeeding, and infant development*	✓								
	Child or young person is fully vaccinated*	✓		✓	✓		✓		✓	
	Healthy eating & oral health	✓		✓	✓		✓		✓	
	Physical activity	✓		✓	✓		✓		✓	
	Sun protection	✓		✓	✓				✓	
Optimal social, emotional wellbeing	Mental health & wellbeing	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Alcohol & other drug use				✓	✓		✓	✓	✓
	Tobacco control			✓	✓	✓		✓	✓	✓
	Sexual health & wellbeing				✓	✓	✓	✓	✓	✓

* DEECD services contribute to early identification, initial response or referral, in relation to these priority areas.



Achievement Program Priority Area. see <http://achievementprogram.healthytogether.vic.gov.au/>

		Early Childhood Supports		Education settings		Student supports				
Outcomes	Priority area	Maternal & Child Health Service	Early Childhood Intervention Service	Early Education and Care	Schools	Student Support Services	Primary School Nursing	Primary Welfare Officers	Secondary School Nursing	Student Welfare Coordinators
Safety and material wellbeing	 Providing a safe learning environment			✓	✓	✓		✓	✓	✓
	Ability to pay for daily essentials (family or independent young person)*	✓	✓			✓	✓	✓	✓	✓
	Adequate housing*	✓	✓			✓	✓	✓	✓	✓
	Safe from injury, harm, abuse and neglect*	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Promoting positive relationships and bullying prevention	✓	✓	✓	✓	✓	✓	✓	✓	✓
Supportive relationships	Positive family functioning*	✓	✓			✓	✓	✓	✓	✓
	Young people able to rely on a trusted adult in their lives*				✓	✓			✓	✓
Learning and skills	Optimal language and cognitive development	✓	✓	✓	✓	✓	✓			
	Children attend and enjoy school				✓	✓		✓	✓	✓
	Success in literacy and numeracy			✓	✓	✓		✓		✓
	Young people complete secondary education				✓	✓			✓	✓

5 Understanding health and wellbeing

The World Health Organisation defines health as a complete state of physical, mental and social wellbeing, not merely the absence of disease. The inclusion of the term ‘wellbeing’ in this document is to emphasise this broad view of health and a focus on the person as a whole. The DEECD Strategic Plan refers to ‘wellbeing’ as one of the four key outcome areas and therefore encompasses ‘health’.

Five dimensions of health and wellbeing are represented below. Together they contribute to overall wellbeing. It is important for health and wellbeing services to consider the educational dimension of an individual’s life and for educators to consider broader health and wellbeing. ‘Pro-social values’ (such as respect, honesty, caring, doing your best, acceptance of difference, integrity and responsibility) are represented as part of social and emotional wellbeing. ‘Safety and material wellbeing’ have a fundamental role in wellbeing and learning. DEECD services contribute to early identification, initial response or referral of concerns around safety and material wellbeing. Priority focus areas for these dimensions are listed in the DEECD health and wellbeing priorities table.

Figure 5.1 Dimensions of wellbeing – supporting the ‘whole’ person



* Adapted from The Australian Research Alliance for Children and Youth (ARACY) “Common Approach to Assessment, Referral and Support” wheel 2013 and Moore, T., McDonald, M., Tollit, M., & Bennett, K., “Children and young people’s health and wellbeing in educational settings: A review of the evidence” Murdoch Childrens Research Institute, 2013.

Learning, development and skills — includes active participation and engagement in learning, having functional skills to participate meaningfully in all aspects of one's life, being competent as a learner and problem-solver; and having a sense of meaning.

Social and emotional wellbeing — includes positive mental health / absence of mental health problems, self-awareness, emotional intelligence, self-regulation, resilience, interpreting the world positively and **pro-social values** and behaviour.

Supportive relationships — include having positive family bonds and friendship, ability to rely on a trusted adult, experiencing a sense of belonging and engagement / involvement in age appropriate learning and activity.

Physical health — includes physical health / absence of health problems, oral health, nutrition and weight, physical fitness and self-management, including sleeping.

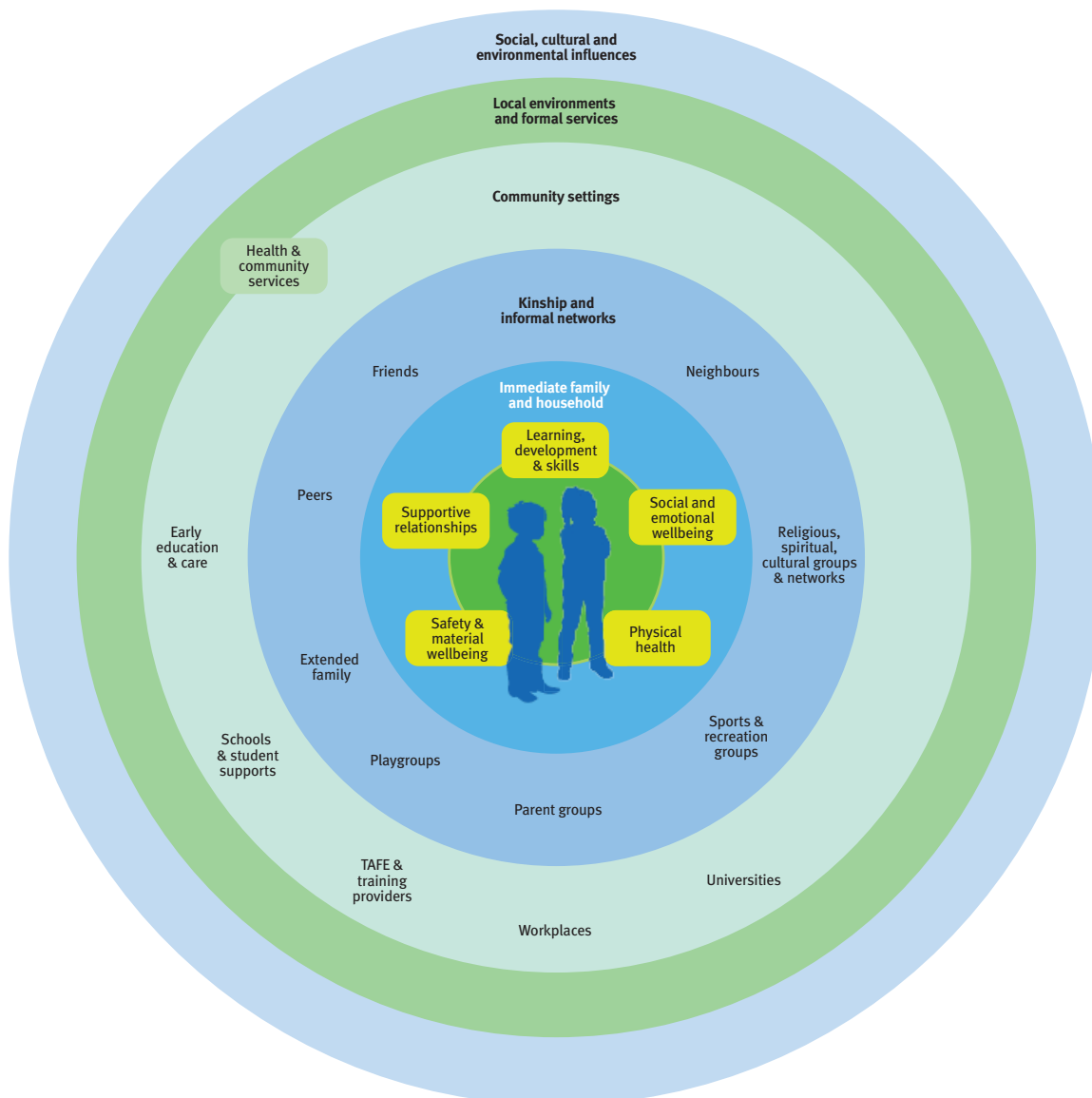
Safety and material wellbeing — includes sense of safety at home and where children and young people learn and play, being safe from injury and harm, having access to daily essentials and adequate and stable housing.



Multiple levels of influence on health and wellbeing

The ecological model of health highlights the multiple levels of influence on health and wellbeing (see Figure 5.2 below). The model identifies the range of influences that affect the way a child grows and develops, and many of these influences continue to have a bearing on health into adulthood. Family, community, education, health and community services and the broader society all have an important role to play.

Figure 5.2: Ecological model of development



Source: Adapted from Bronfenbrenner, 1979, The Ecology of Human Development: Experiments by Nature and Design.

Education and health

Education and health are the two most important investments in human capital and both have a considerable impact on individual wellbeing. The evidence is clear that supporting and nurturing all children's learning and development from birth is crucial to long term health, educational, social and economic outcomes. Similarly, health status and health related behaviours during childhood and adolescence can have a significant effect on both academic performance and educational attainment. Good health during childhood and adolescence benefits adult life. A review of evidence by the World Health Organisation (WHO) has shown childhood health conditions have a lasting impact on health and socioeconomic status well into adulthood. Further, children's education, health and other factors can predict their adult employment status and income, as well as their own children's health outcomes and educational achievement. These second generation outcomes are in turn likely to influence the health conditions and behaviours of the next generation, which would affect educational outcomes and overall future prospects in a self-reinforcing cycle.

Healthy children and young people learn better

Good health and wellbeing are not only important in their own right, but are important prerequisites for early learning, educational achievement and adult outcomes. This relationship between health and education is represented in Figure 5.3.

A systematic review of the effect of different health conditions and unhealthy behaviours on educational outcome undertaken by the WHO European Office (2011) provides empirical evidence on the positive affect of child health status and physical exercise on educational performance. It also provides evidence that anxiety and depression appear to be significantly and negatively associated with both short and long term educational outcomes, and shows the negative impact of binge drinking and drug use on educational attainment.

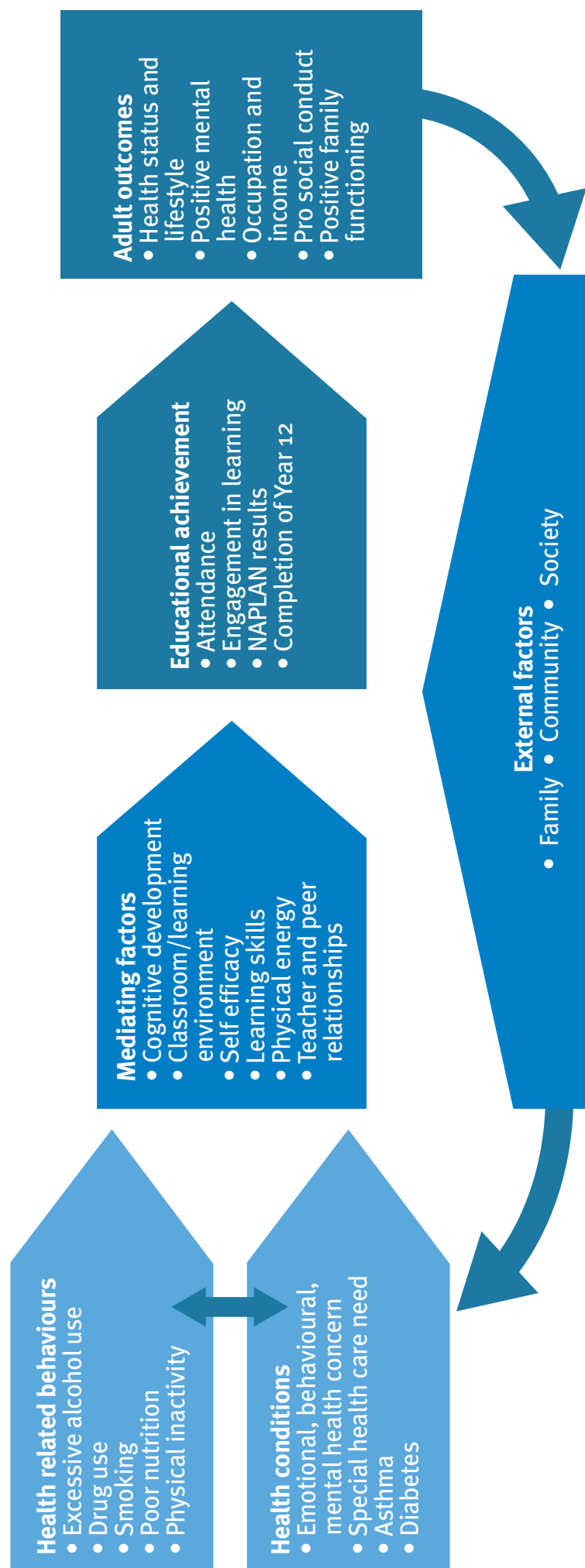
Early identification and intervention is therefore essential to mitigate the impact of social, emotional and physical health issues on educational achievement and to prevent or reduce their impact on later life. Early intervention programs can have long-term benefits for physical and mental health, educational achievement and emotional functioning.

Given the potential for early life transitions like starting school to impact on readiness to learn and future transitions, schools, parents and carers have an important role in supporting effective transition to school. Attending to children's social and emotional health during transitions will also provide them with skills that support their mental health in the short and long-term.

Successful education leads to health and wellbeing

Health and wellbeing are both a precondition for, and an outcome of, successful education. There is also considerable international evidence that demonstrates the substantial effect of education on health. Education influences health through a range of complex mechanisms like income, access to health care and better employment opportunities. Participation and engagement in education nurtures human development, social relationships and wellbeing and can promote positive choices and a healthy lifestyle. Education matters to health through the direct effect it has on learners, its impact on people's choices and opportunities and through its potentially transformative effect on families, workplaces, community and the wider society.

Figure 5.3: Association between health and education



Source: Adapted from World Health Organisation Regional Office for Europe, 2011

Safe, healthy and friendly education settings

Health and wellbeing are created and experienced by people within the settings of their everyday life – where they learn, work and play. Education settings can promote and nurture the health, wellbeing and engagement of learners by establishing a health promoting learning environment and through providing high quality education programs for all learners. The six essential components of a health promoting education setting that form part of the Healthy Together Achievement Program are presented in Figure 5.4.

Figure 5.4 Components of a health promoting education setting

Healthy policies	Policies clearly articulate conditions and practices necessary to create a physical and social environment which promotes health and wellbeing.
Healthy physical environment	The physical environment facilitates and encourages healthy choices and lifestyles, complementing the health messages taught in the curriculum.
Healthy social environment	Respect, fairness and equality is promoted and modelled, and a sense of belonging is fostered.
Learning and skills	Learning opportunities and experiences within the curriculum enable children and young people to gain knowledge and skills and take action to enhance health and wellbeing.
Engaging children, young people, staff and families	Structures are established to engage children, young people, families and staff as active participants in the promotion of health and wellbeing.
Community partnerships	Partnerships with local health professionals, services and the wider community enhance health promotion capacity and support children, young people and their families' health and wellbeing needs.

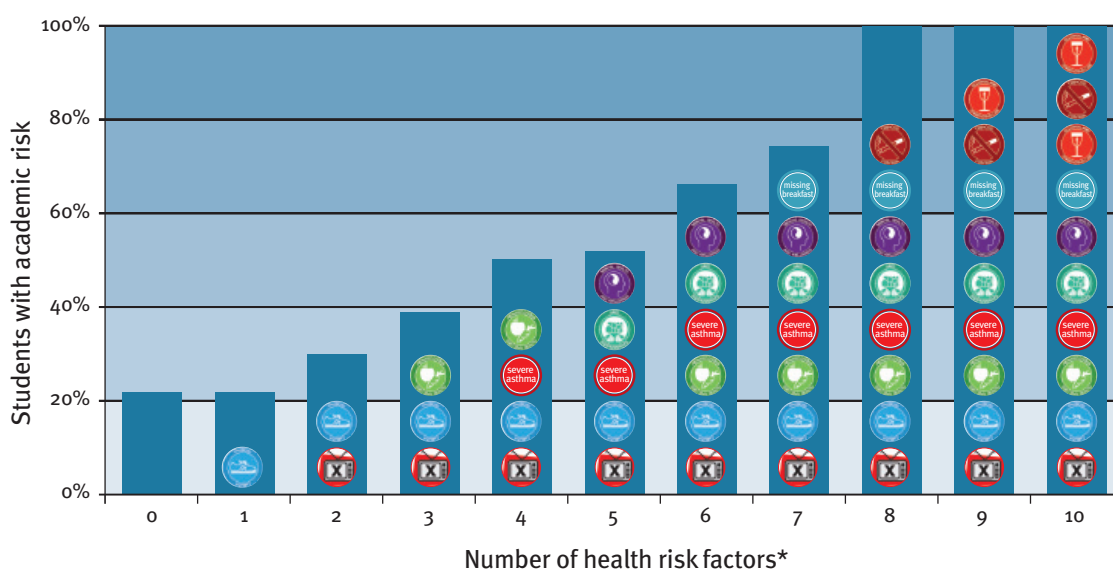
General factors that promote health and wellbeing in educational settings include:

- the relationships educators build with children and young people and that children and young people build with each other,
- helping promote protective factors and mitigating risk factors in the lives of children and young people,
- positive behavioural and pro-social policies, resulting in children and young people feeling valued and respecting others and
- providing multiple opportunities for children and young people to be involved in decisions that affect their lives.

Multiple health risk factors have a cumulative impact on academic performance

Analysis of data from the Victorian Adolescent Health and Wellbeing Survey 'HOWRU' (undertaken by the Murdoch Children's Research Institute) provides evidence that the more health risk factors a student experiences, the more likely they are to be at academic risk. The Victorian data presented in Graph 5.1 suggests that two thirds of students with six risk factors, reported being at academic risk (Year 9 students from 186 secondary schools). This analysis only takes into account the number of risk factors and not the type of risk factors.

Graph 5.1 Percentage of students at academic risk by number of health risk factors



Data source: Victorian Adolescent Health and Wellbeing Survey 'HOWRU', 2009

* Composition of risk factors, visually represented in the graph are an example only

The ten risk factors considered in this analysis were cigarette smoking, alcohol use, marijuana use, not eating breakfast, insufficient fruit and vegetable consumption, severe asthma, insufficient exercise, watching television excessively, feeling unsafe at school and depression. Academic risk was defined as students who reported their marks in the last year as average, poor or very poor.

Health literacy and the curriculum

The Australian Commission on Safety and Quality in Health Care defines health literacy as ‘the knowledge, motivation and competencies of an individual to access, understand, appraise and apply health information, to make effective decisions about health and health care and take appropriate action.’ Health literacy, general literacy and education are all interrelated. Low health literacy is associated with low health knowledge, increased incidence of chronic illness, higher levels of hospitalisation and use of emergency care, less-than-optimal use of preventive health services and poorer self-management of disease. Completion of Year 12 is associated with achieving higher health literacy levels. Health literacy does not just happen; it needs to be created and supported by a range of policy and other measures that increase individual knowledge and skills and through creation of environments that facilitate healthy choices.

Victorian Early Years Learning and Development Framework

The Victorian Early Years Learning and Development Framework (VEYLDF) focuses on advancing all children’s learning and development from birth to eight years. It does this by supporting early childhood professionals to work together and with families to achieve common outcomes for all children. It outlines five learning and development outcomes:

- children have a strong sense of identity (identity),
- children are connected with and contribute to their world (community),
- children have a strong sense of wellbeing (wellbeing),
- children are confident and involved learners (learning) and
- children are effective communicators (communication).

Outcome three, relating to wellbeing, acknowledges that during early childhood the foundations for social, emotional, spiritual, mental and physical health are established. This outcome focuses on children becoming strong in their social, emotional and spiritual wellbeing and taking increasing responsibility for their own health and physical wellbeing.

AusVELS Health and Physical Education

The curriculum for Victorian schools is AusVELS. The Health and Physical Education domain of AusVELS identifies the knowledge, understanding and skills that young people require in order to be healthy, active, resilient and have a sense of belonging. This also includes the development of health literacy skills to enable young people to access and evaluate health information and services. Learning in Health and Physical Education supports students to make decisions about their health, wellbeing, safety and physical activity levels.

Students are also better able to practise and reinforce their learning in Health and Physical Education if all curriculum areas and the whole school environment validate and reinforce the knowledge, understanding and skills delivered in the Health and Physical Education curriculum.

Importance of family and community

‘Safe and supportive families, safe and supportive schools, together with positive and supportive peers are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood.’

Families in their various forms have the primary responsibility for, and influence on, the health, wellbeing and development of children and young people. In a number of Australian studies, children and young people themselves report that a supportive and loving family is fundamental to their wellbeing. Family is central to health and wellbeing necessitating ‘person-centred and family sensitive practice’ (Principle 5).

Social support is a particularly important contributory factor to health and wellbeing. Social support includes support with parenting – feeling there are other people to share problems with and feeling close to someone.

Victorian education settings play an important role in fostering community connection, facilitate the building of informal support networks, and are environments that can promote and support healthy living.

DEECD health and wellbeing services play an important role in the community to promote healthy child and adolescent development. They are a fundamental component of the preventative health system, as they help Victorians get a healthy start to life. By working in partnership with families and communities in a culturally competent way, services can make a difference to the health and wellbeing outcomes of children, adolescents and adult learners.



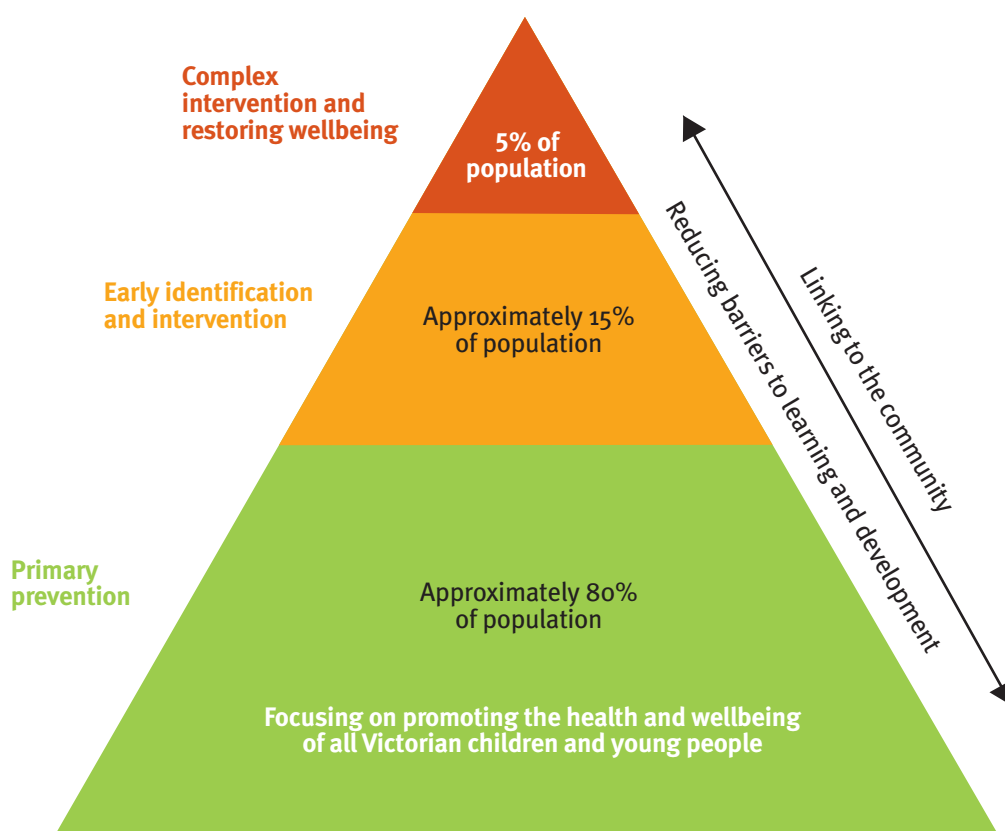
6 The continuum of intervention for health and wellbeing

Victorian schools, early education and care services and universal services like Maternal and Child Health have a key role to play in primary prevention and promoting the health of children and young people in their community. DEECD services also work with individuals to identify and respond to the additional needs of children, young people and families as soon as possible.

The 'continuum of intervention for health and wellbeing' is a model to help DEECD services see the multiple opportunities for addressing health and wellbeing at the population and individual level. This model can support collaborative planning, help identify the core business of other services, identify gaps and duplication between services and support decision making about how best to use available resources. The spread of services across the levels can be tailored locally and regionally to match the health and wellbeing needs of the community and existing activity.

DEECD services work in and across the continuum. These levels of intervention are represented in Figure 6.1 and described in the subsequent tables that also include the respective roles of services across the continuum.

Figure 6.1 The continuum of intervention for health and wellbeing



The continuum of intervention for health and wellbeing

- **Health promotion and primary prevention**

Health promotion and primary prevention strategies encourage people to be involved in decision making and activities that create healthy living and learning environments and increase the likelihood of better outcomes in health and wellbeing.

Primary prevention strategies constitute most of the programs delivered by schools. They build resilience and promote wellbeing by enhancing the emotional and social health of students.

- **Population health monitoring**

Population health monitoring allows services to review the health and wellbeing of a population over time. Population-level data provides evidence for better local, state and national service planning, as well as informing future policy and practice.

- **Early identification of additional needs, vulnerability and risk**

The early identification of additional needs, vulnerability and risk occurs through observation, interview, screening and assessment. This allows services to become involved as soon as possible in order to address developmental, learning, behavioural, health or safety issues with the ultimate aim of improving individual outcomes.

- **Early intervention for those at risk of compromised health and wellbeing**

Early intervention involves responding as soon as possible to those with an identified risk or with an established health, wellbeing, developmental, learning or safety need. It aims to put individuals on a more positive path, with a focus on development that maximises outcomes that will impact on his or her future.

- **Complex intervention**

For those requiring complex responses, services plan, coordinate, support, manage and monitor individual and family needs. It is important to ensure that suitable services are accessible so that necessary and responsive support can be provided.

- **Restoring wellbeing**

Restoring wellbeing involves supporting people, families and the community (including school communities) after emergency situations, natural disasters or potentially traumatic incidents, such as assault, suicide, accident or illness.



Linking to the community

Services link people into their community and give those individuals and their families the knowledge, skills and support to participate in and benefit from community life. Services need to be tailored to fit community and individual needs.

Reducing barriers to learning and development

Barriers to learning and development include, but are not limited to, disabilities, developmental delay, chronic medical conditions, learning problems, low socioeconomic circumstances, anti-social behaviour and culture and language.

Health and wellbeing services work to reduce these barriers by promoting engagement in early learning, education or training, preventing disengagement and supporting learners through difficulty and crucial transition periods.



DEECD services work across the continuum of intervention for health and wellbeing

Activity domains	Maternal and Child Health Service	Early Childhood Intervention Services	Early Education and Care	Schools	Primary School Nursing	Primary Welfare Officers	Secondary School Nursing	Student Welfare Coordinators	Student Support Services
Health promotion and primary prevention	✓		✓	✓	✓	✓	✓		
Population health monitoring for children and young people	✓			✓	✓				
Early identification of additional needs, vulnerability and risk	✓		✓	✓	✓	✓	✓	✓	
Early intervention for children and young people with, or at risk of, compromised health and wellbeing	✓	✓		✓		✓	✓	✓	✓
Complex intervention	✓ Enhanced	✓		✓			✓	✓	✓
Restoring wellbeing	✓ Enhanced			✓		✓	✓	✓	✓

7 Roles and responsibilities

DEECD will:

- build an organisational culture that facilitates working collaboratively to promote and support the development of the 'whole' person, including learning, development, skills, health and wellbeing,
- align program and service specific policy and guidelines with the Principles for Health and Wellbeing and continuum of intervention for health and wellbeing model,
- build workforce capacity to effectively promote and support health and wellbeing and
- assess its approaches to supporting health and wellbeing, monitor outcomes and develop and apply strategies to address challenges centrally and locally.

Early childhood services, schools and training providers will:

- provide safe, inclusive and supportive environments that promote health, wellbeing, learning and development,
- build caring and supportive relationships with children, young people and adult learners,
- ensure children and young people are consulted about matters that impact on them and their voices inform policies and activities that contribute to health and wellbeing,
- support staff to protect and promote the health and wellbeing of children, young people and adult learners in their workplaces, ensuring that staff act with integrity when dealing with those in their care and
- build partnerships with families, health and wellbeing services and other relevant community services.

DEECD health and wellbeing service leaders and managers will:

- understand their agency's roles and responsibilities and those of other local and regional services,
- share a common vision, principles and understanding of their approach to supporting the health and wellbeing of children, young people, adult learners and their families, by adopting the Principles for Health and Wellbeing or another agreed framework,
- build partnerships and encourage collaboration with other health and wellbeing services, families, educators, and relevant community services,
- support and encourage multi-agency training and development,
- understand and support the professional supervision and management requirements of different professions and
- take part in multi-agency strategic planning and contribute to the development of integrated policy and strategy aimed at improving the health, wellbeing, learning and development of children, young people and adult learners.

Professionals who deliver DEECD health and wellbeing services will:

- take up opportunities to develop and deliver effective health promotion and preventive health strategies,
- identify the needs of children, young people and families, address presenting issues and seek to uncover underlying ones,
- contribute to the assessment, planning, intervention and review of those needs, as part of a multidisciplinary team when required,
- address both individual and collective health and wellbeing by using professional expertise and drawing on that of other professionals and informal supports,
- know which services to approach and how to refer when further support is required and
- know how and when to securely share information with other services.

