

# KOORIE IN HOME SUPPORT HOME BASED LEARNING PROGRAM

POLICY AND FUNDING  
GUIDELINES  
2.1

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## Version Control

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16 February 2018	2.0	Revised for 2016-18 Koorie IHS/HBL program reform.
6 April 2018	2.1	<ul style="list-style-type: none"> <li>• <i>Appendix 3. Reporting calendar</i>: updated to reflect financial year reporting cycle.</li> <li>• Clarification of funding model: emergency assistance and flexible purchasing</li> <li>• Clarification of service delivery model: sub-contracting services (indirect service delivery)</li> <li>• Updates to data collection forms and templates</li> </ul>

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# INTRODUCTION

## PURPOSE OF THE GUIDELINES

These Guidelines support the delivery and administration of the Koorie In Home Support/Home Based Learning Program (Koorie IHS/HBL), which is funded by the Victorian Department of Education and Training (the Department). The purpose of Koorie IHS/HBL is to build parent capacity and wellbeing to produce a positive impact on the early learning and development of their young children. The focus of Koorie IHS/HBL is therefore on child outcomes, as facilitated by their parents. Koorie IHS/HBL takes a strengths-based approach intended to transition families into other activities and supports after a period of time.

The *Koorie In Home Support/Home Based Learning Program Policy and Funding Guidelines* (the Guidelines) outline the expectations the Department has for funded providers who deliver Koorie IHS/HBL. The Guidelines should be read in conjunction with the Department's service agreement, which outlines mutual responsibilities and requirements. The Department reserves the right to amend the Guidelines with reasonable notice of any changes.

In sum, these Guidelines provide:

- service specifications and outcomes to be achieved (p.10)
- performance and accountability framework (pp. 23-28)
- additional information relevant to the delivery of Koorie IHS/HBL.

## RESEARCH BACKGROUND

From birth, high quality care and stimulation from adults is essential to children's overall learning and development. Research shows that the foundations of social, emotional, mental and physical health and wellbeing are established during early childhood.

Despite ongoing effort by communities and governments in the last decade, and some significant progress in a number of areas, outcomes for Aboriginal<sup>1</sup> children have not improved to the levels anticipated. Aboriginal children remain more likely to be developmentally vulnerable than their peers on every domain of the Australian Early Development Census (AEDC), and continue to be overrepresented in Child Protection notifications and substantiations.

The Victorian Government is committed to working in partnership with Aboriginal communities to close this gap and improve outcomes in ways that are culturally appropriate and locally responsive.

Australian and international research<sup>2</sup> affirms that children's educational and developmental outcomes are enhanced if parents<sup>3</sup> feel more confident in their ability to support their children's early learning and development and to guide their behaviour. By providing a loving, responsive, and stimulating environment, parents and carers play a central role in supporting a child's learning and development. Research has demonstrated that a child living in poverty with supportive parenting has better developmental outcomes than a child who does not live in poverty but experiences low-skilled parenting.<sup>4</sup>

Good quality early learning and care can improve the significant health, social, economic, and political disadvantages experienced by Aboriginal people,<sup>5</sup> and improved parenting capacity is recognised as an effective way of improving the health and wellbeing of children.<sup>6</sup> Parenting support and education is a cost-effective way of developing the skills and confidence of parents to positively guide their children's behaviour and enhance their early learning and development. Koorie IHS/HBL is a key strategy supporting Aboriginal parents to develop these skills.

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<sup>1</sup> Throughout this document, where the term 'Aboriginal' is used, it refers to both Aboriginal and Torres Strait Islander peoples.

<sup>2</sup> For a summary of evidence from an Australian perspective, see Emerson, L, Fear, J, Fox, S and Sanders, E (2012). *Parental engagement in learning and schooling: lessons from research, a report by the Australian Research Alliance for Children and Youth* (Family-School and Community Partnerships Bureau, Canberra). For a summary of UK evidence, refer to Department of Children, Schools and Families (2008). *The impact of parental involvement on children's education*, DCSF, Nottingham, UK.

<sup>3</sup> Throughout this document, the word 'parent' refers to any carer (both related and unrelated) or parent of a child identified as Aboriginal.

<sup>4</sup> Kiernan, K.E. and Mensah, F.K. (2011). *Poverty, family resources, and children's educational attainment: the mediating role of parenting*.

<sup>5</sup> Hutchins, T. et al. (2007). *Indigenous early learning and care*. Centre for Social Research, Edith Cowan University.

<sup>6</sup> Houghui and Long (2013). *Closing the Gap Clearinghouse, Resource sheet no. 19*.

## POLICY CONTEXT

These Guidelines complement the key Victorian policies as outlined below.

### Victoria the Education State

In 2015, the Andrews Labor Government committed to making Victoria the Education State. Victoria aims to be a global centre of excellence in learning and development and to ensure all Victorians, regardless of their starting point or postcode, have the skills, knowledge and attributes they need to shape their future in a changing world.

In the Education State, Victorians value education, for themselves and those around them, at all stages of life. They also recognise that some stages of learning have a more significant impact on life outcomes. This starts with a focus on the early years to ensure all children get the best start in life, with access to safe, quality early childhood services, and to support them to learn, play and grow. A key focus of reform is creating a more flexible and integrated service system to ensure children and families experiencing vulnerability and disadvantage are supported to succeed.

The Victorian Government is committed to supporting all parents to acquire the knowledge and skills they require to help their children thrive from birth onwards.

Koorie IHS/HBL outcomes, and indicators that measure those outcomes, align with measures from the Department's Aboriginal Outcomes Framework, which were developed to track progress in the Education State. The Framework states that key indicators of early childhood outcomes include parents who are engaged in activities that support their child's learning and development, and their children's active engagement with early childhood services (e.g. kindergarten and the Maternal and Child Health Service – MCH Service).

### Early Childhood Reform Plan

The *Early Childhood Reform Plan* (the Plan) outlines the Victorian Government's reform program to transform the State's early childhood services into a high-quality, inclusive system consistent with the Education State. The reforms are focused on supporting children to be ready for kinder, ready for school and ready for their future. There are key reform actions in the Plan that specifically support Koorie families, including Koorie Families as First Educators and Koorie Supported Playgroups.

There are five major reform directions in the Plan: early engagement in learning; boosting educational quality; more support for parenting; access, equity and inclusion; and building a better system. In particular, the Plan recognises that more support for parenting can help close the disadvantage gap.

### MARRUNG: Aboriginal Education Plan 2016 – 2026

*Marrung: Aboriginal Education Plan 2016-2026* (Marrung) is a 10-year integrated plan that aims to improve learning and development outcomes for Koorie Victorians across the early childhood, schools, higher education and training sectors. Marrung underpins the delivery of the Education State to Koorie learners, which commits to delivering excellence in outcomes and services for every learner regardless of background, place or circumstance.

Marrung's overarching vision is for Victoria to be a state in which the rich and thriving culture, knowledge and experience of our First Nations peoples are celebrated by all Victorians; where our universal service systems are inclusive, responsive and respectful of Koorie people at every stage of their learning and development journey; and where every Koorie person achieves their potential, succeeds in life, and feels strong in their cultural identity.

Marrung links with the Government's broader Education State reform agenda and directly contributes to the achievement of Education State targets and measures, as well as those endorsed by the Council of Australian Governments (COAG) and the Victorian Aboriginal Affairs Framework. Marrung's priority areas include early childhood, with a commitment to support Koorie parents as first educators of their children and to improve access to, and participation in, early childhood services including the MCH Service, supported playgroups and kindergarten.

Marrung was developed in collaboration with the government's principal partner in Koorie education, the Victorian Aboriginal Education Association Incorporated (VAEAI), who are principal partners in Marrung's communication and implementation, as well as the Victorian Aboriginal Child Care Agency (VACCA) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

The Government's commitment to the principles of self-determination through active Koorie community input and implementation advice is critical to Marrung's success. Valuing the knowledge and experience of Koorie people, the implementation and governance of Marrung is underpinned by active partnership with the Koorie community. Marrung governance mechanisms include:

- Koorie Education Roundtables, which are convened by VAEAI at a local level to bring together the local Koorie community, service providers and education workers to identify emerging local and regional issues in Koorie education and to inform regional Koorie education priorities, and
- Marrung Regional Partnership Forums, which oversee implementation of Marrung actions in each of the four DET regions and provide a feedback mechanism for other DET-funded programs that are of significance to the Koorie community, including Koorie IHS/HBL.

***Korin Korin Balit-Djak: Aboriginal Health, wellbeing and strategic plan 2017-2027***

***Aboriginal governance and accountability framework<sup>7</sup>***

***Balit Murup: Aboriginal social and emotional wellbeing framework<sup>8</sup>***

The purpose of *Korin Korin Balit-Djak: Aboriginal Health, wellbeing and strategic plan 2017-2027* is to realise the needs and aspirations for the health, wellbeing and safety of Victorian Aboriginal communities. The framework is underpinned by Aboriginal self-determination and sets the direction for reform across the health and human services sector. Koorie IHS/HBL is complementary to the five domains of the strategic plan, particularly in the plan's approach to early engagement with families and children in order to promote safe, secure and strong families, as well as socially and emotionally healthy communities.

*Balit Murup: Aboriginal social and emotional wellbeing framework* recognises that the concept of Aboriginal health and wellbeing is different to the universal concept as it is regarded and recognised as a more holistic and whole-of-life view. It encompasses the social, emotional and cultural wellbeing of not only the individual, but the wider community, thereby bringing about the total wellbeing of community. Aboriginal Community Controlled Organisations' (ACCOs') approach to delivering Koorie IHS/HBL complements this concept.

**Roadmap for Reform: strong families, safe children**

The Victorian Government is committed to providing more support for parents, particularly those experiencing vulnerability and disadvantage, to support development of the knowledge and skills they require to help their children thrive. This is a key reform direction outlined in the *Roadmap for Reform: strong families, safe children* (the Roadmap), which focuses on prevention, early intervention, and creating services that work together to meet the needs of vulnerable families and children.

The Roadmap also recognises the importance of taking action to ensure self-determination for Aboriginal communities in the care of their children and families, and supports children and families to be involved in decision making about the services and supports they use. As part of the Government's commitment to make Victoria the Education State, feedback from community-wide consultations undertaken in 2015 confirmed the importance of supporting parents and providing earlier and more intensive support for those who need it most. The objectives of Koorie IHS/HBL are consistent with the findings of these consultations by supporting Aboriginal families, including those experiencing disadvantage, to develop the skills they need to enhance their children's learning from birth.

*The Children and Families Research Strategy 2017-2019: Supporting the Roadmap for Reform* (the Strategy) supports the transformation of the children and families service system to one focused on early intervention and prevention, rather than crisis response. The Strategy supports services to operate as part of a 'learning system,' in which the services delivered are backed by rigorous evidence and continually evaluated, refined and shared to improve outcomes for children, young people and families.

'Effective service models and practice for Aboriginal children and families' is one of the priority research areas identified in the Strategy. The crosscutting themes described in the Strategy also align with concepts and processes described in the implementation resource available to ACCOs funded to deliver Koorie IHS/HBL.<sup>10</sup> These include prevention and early intervention; measuring effectiveness and outcomes; and trauma-informed practice.

<sup>7</sup> Available at [www.dhhs.vic.gov.au/publications/korin-korin-balit-djak](http://www.dhhs.vic.gov.au/publications/korin-korin-balit-djak) (August 2017).

<sup>8</sup> Available at [www.dhhs.vic.gov.au/publications/aboriginal-governance-and-accountability-framework](http://www.dhhs.vic.gov.au/publications/aboriginal-governance-and-accountability-framework) (September 2017).

<sup>9</sup> Available at [www.dhhs.vic.gov.au/publications/balitmurupaboriginal-social-and-emotional-wellbeing-framework](http://www.dhhs.vic.gov.au/publications/balitmurupaboriginal-social-and-emotional-wellbeing-framework) (October 2017).

<sup>10</sup> This resource provides implementation support for practitioners as a companion document to the Guidelines.

## VEYLDF - Practice Principles for Children's Learning and Development



- Bunjil the Eagle and Waa the Crow represent Aboriginal culture and **partnerships with families**.
- The water hole symbolises **reflective practice**.
- The gum leaves with their different patterns and colours represent **diversity**.
- The stones underneath the leaves represent **equity**. They reflect the additional support put in place in order for all children to achieve.
- The child and adults standing on “Ochre mountain” symbolise the **high/equitable expectations** we hold for children and adults.
- The family standing on and looking out from “Ochre mountain” reflects **assessment for learning and development**. Such assessments draw on children’s and families’ perspectives, knowledge, experiences and expectations.
- The child and adult figures also represent **partnerships with professionals**.
- The land symbol as mother earth represents the basis for **respectful relationships and responsive engagement**.
- The symbols for land, water and people signify **holistic and integrated** approaches based on connections to Clan and Country.

*Cultural knowledge story by Dr Sue Lopez Atkinson (Yorta Yorta) 2016.*

*Artwork by Annette Sax (Taungurung) 2016.*

Figure A. VEYLDF Practice Principles.

## Victorian Early Years Learning and Development Framework

The Victorian Early Years Learning and Development Framework (VEYLDF) is a practice framework for all professionals working with children from birth to eight years old. The VEYLDF provides a common language to describe young children’s learning, as well as common principles to guide the practice of all early years professionals. When children, within their families and local communities, are provided with opportunities, experiences and encouragement, their learning and development are positively supported.

### Best Start and Aboriginal Best Start

Best Start is a prevention and early intervention initiative that aims to improve the health, development, learning and wellbeing of all Victorian children from conception through transition to school (up to eight years old). Best Start uses an approach that is based on formal partnerships across local agencies and service providers to improve outcomes for children by supporting parents and caregivers to create a positive environment for their children. Best Start operates in 30 locations across Victoria in 24 mainstream sites, as well as six Aboriginal Best Start sites in both rural and metropolitan locations.<sup>11</sup> Aboriginal Best Start sites are operated by ACCOs.

### National Indigenous Reform Agreement and Closing the Gap

Through the *National Indigenous Reform Agreement (NIRA)* in 2008, COAG committed to closing the gap between Aboriginal and non-Aboriginal Australians by establishing targets across health, education, life expectancy, early childhood development, and employment.

### Victorian Aboriginal Affairs Framework

The *Victorian Aboriginal Affairs Framework 2013–2018 (VAAF)* brings together State Government commitments and efforts to create a better future for and with Koorie Victorians. It focuses effort and resources on six strategic action areas that are central to delivering whole-of-life, whole-of-community outcomes for and with Koorie people over the long term. The VAAF identifies, as key priorities, the need to build prosperity through economic participation; protect and support vulnerable children and families; and ensure access to services that meet the needs of Koorie people across the State. VAAF also tracks the proportion of Aboriginal children attending MCH services at key age milestones and the number of Aboriginal three-year-olds participating in kindergarten. These targets include 95 percent of Indigenous four year-olds enrolled in early childhood education by 2025.

<sup>11</sup> As at 2017.

In 2017, the Commonwealth, State and Territory governments agreed to work together with Aboriginal and Torres Strait Islander leaders, organisations, communities and families on a refreshed agenda and renewed targets. Six implementation principles have been developed to guide the new Closing the Gap agenda:

- funding prioritised to meet targets
- evidence-based programs and policies
- genuine collaboration between governments and communities
- programs and services tailored for communities
- shared decision-making
- clear roles, responsibilities and accountability.

## **SERVICE DELIVERY CONTEXT**

Koorie IHS/HBL is positioned within a service system that supports the learning and development of children from birth to the commencement of formal schooling. This section provides a brief overview of key stakeholders in this system and their roles.

### **Victorian Government - Department of Education and Training**

The Victorian Government plays a significant role in coordinating and supporting early years services, monitoring performance, and ensuring the accountability of service providers who receive government funding. In the Early Childhood and School Education Group (ECSEG) of the Department, the Koorie Outcomes Division (KOD) oversees the design and implementation of Koorie IHS/HBL and works in partnership with VAEAL in supporting local service delivery.

The Department's regional offices are the first point of contact for ACCOs delivering Koorie IHS/HBL. Regional office staff provide advice and guidance on the requirements of Koorie IHS/HBL service delivery. They also manage ACCOs' service agreements and monitor service delivery against the performance measures and targets specified in the Guidelines. Monitoring is undertaken through discussion with service providers as well as analysis of their performance and financial data.

### **Aboriginal Community Controlled Organisations (ACCOs)**

ACCOs were established in the 1970s as a result of mainstream services having consistently failed to meet the needs of Aboriginal people. ACCOs are community-controlled and provide services that are designed and delivered by Aboriginal people. They provide services to the community, including health, welfare, cultural activities, education, community development and healing. Koorie IHS/HBL is complementary to many other services they provide. Over time, ACCOs have also become the focal point of many communities as an important place to gather. The value of ACCOs in improving outcomes for Aboriginal people is recognised, and self-determination, ownership and control are essential to those improved outcomes. Whilst Commonwealth and State governments fund ACCOs to deliver services, ACCOs are responsible for identifying their communities' needs, planning programs to meet those needs, and managing the implementation of services and initiatives. ACCOs also source additional funding and support from a range of other stakeholders.

### **Local government**

The partnership agreement between the Municipal Association of Victoria (MAV) and the Department acknowledges the role of local government as providers of early childhood education and care services. This includes the joint role played by both parties in funding the MCH Service. Forty-eight councils currently<sup>12</sup> provide and/or support a central enrolment service for local community-based kindergartens as a way of ensuring consistent, easier and fairer access to kindergarten and to assist in early years and infrastructure planning.

### **Maternal and Child Health Service**

The MCH Service is a universal primary care service for Victorian families with children from birth to school age. The service aims to promote healthy outcomes for children and their families and is provided in partnership with MAV, local government councils, and the Department. The MCH Service provides a comprehensive and focused approach

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<sup>12</sup> As at 2018.

for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families in contemporary communities. It is delivered via several service models, including:

- Universal Service – health promotion handouts, resources for nurses, Key Ages and Stages consultations
- Enhanced Service – additional support for families experiencing significant early parenting difficulties
- Maternal and Child Health Line – information for families about the MCH Service delivered via telephone.

### Early years services

Early years services for children and families include programs that support children's health, development and learning, such as early childhood education and care services, kindergarten, and the MCH Service. As described above, the MCH Service is a free service available to all families with young children and offers support, education and advice in consultation with families.

Kindergarten is usually attended by children in the year before they start primary school. The Victorian Government contributes funding to support children to attend a kindergarten program delivered by a degree-qualified early childhood educator. To ensure all children have access to a kindergarten program, the Victorian Government provides a fee subsidy for Aboriginal children and for children whose families hold a Health Care Card.

Acknowledging the importance of earlier and sustained engagement in quality kindergarten programs, all Aboriginal children can also access a second year of kindergarten through Early Start Kindergarten. Early Start Kindergarten is a Victorian Government-funded grant to early childhood education and care services who offer a funded kindergarten program that provides free access to kindergarten for three-year-old children who are identified as Aboriginal, are known to Child Protection, or who have been referred by Child Protection to ChildFIRST.

There are also a range of more intensive early years services including the Enhanced MCH Service, Early Parenting Centres, Early Childhood Intervention Services, and Kindergarten Inclusion Support.

### Early years services targeting Aboriginal families

In addition to Koorie IHS/HBL, there are a range of other services and programs that specifically support Aboriginal children and families in Victoria. These include Aboriginal Best Start, the Koorie Maternity Service, Aboriginal Cradle to Kinder, Koorie Engagement Support Officers, Koorie Preschool Assistants, Multifunctional Aboriginal Children's Services (MACS), and two integrated Aboriginal Children and Family Centres.

There are also enhancements to the universal service system that directly benefit Koorie Victorians, including those that are part of the Education State. These include the *Koorie Kids Shine at Kindergarten* campaign and a pilot program to pre-purchase kindergarten places for children who might otherwise miss out on kindergarten.

### Parenting support services

Parenting support services for families with children aged from birth to 18 years old focus on improving parental capacity and confidence. Parenting support and referral is provided by a range of services including:

Parentline – a statewide telephone counselling service providing information, advice, referral and counselling for parents and carers of children from birth to 18 years.

Regional Parenting Services – operate across the state and offer consultation, linkages, resources and professional development to practitioners who work with families, as well as information and education for parents.

Early Parenting Centres – provide services and support to assist parents experiencing acute early parenting difficulties to care for their children by increasing parents' knowledge, skills and confidence through the provision of consultation, counselling, skill development and education services.

Strengthening Parent Support Program – assists parents who have a child with a disability or developmental delay to connect with other families and their local community.

Supported Playgroups – funded by the Department specifically for families experiencing disadvantage to improve the learning, development, and wellbeing outcomes of children from birth until they start primary school. Child outcomes are the result of improvements in the quality of parent-child interactions and the home learning environment that occur as a result of parents participating in a Supported Playgroup.



# SERVICE SPECIFICATIONS

## SERVICE MODEL

The purpose of Koorie IHS/HBL is to build parent capacity<sup>13</sup> and wellbeing to produce a positive impact on the early learning and development of their children. The focus of Koorie IHS/HBL is on child outcomes, as facilitated by their parents as their children's first educators.<sup>14</sup> Koorie IHS/HBL takes a strengths-based approach intended to transition families into other activities and supports after a period of time, a process that is guided by a worker in consultation with the family (refer to section on Supported Transition).

Koorie IHS/HBL is funded by the Department to achieve the following outcomes:

1. **Aboriginal children** have improved learning, development and wellbeing outcomes through increased participation in key early childhood education and care services.
2. **Parents of Aboriginal children** have improved parenting skills and confidence, resulting in enhanced parent-child interaction and improved parental wellbeing and functioning.  
This increases parents' capacity to guide their child's early learning and development, including a successful transition to kindergarten and school.
3. **Aboriginal families** are supported to access other secondary and/or universal supports (e.g. community playgroups), and/or more intensive (tertiary) early childhood or specialist services.

Koorie IHS/HBL is a secondary-level service available to all families with children identified as Aboriginal from pre-birth up to five years old (point of school entry). It takes an early intervention and prevention approach to supporting Aboriginal families, as distinct from case-managed programs and services in which families may also be participating.<sup>15</sup> Service delivery aligned with the principles of early intervention reflects a firm base of evidence demonstrating that care and other factors early in life have a critical impact on a child's later health and well-being outcomes, and that interventions to address family issues are more effective the earlier they are implemented.<sup>16</sup> The Progressive Framework of Prevention and Promotion Activities for Positive Family Functioning has three levels:

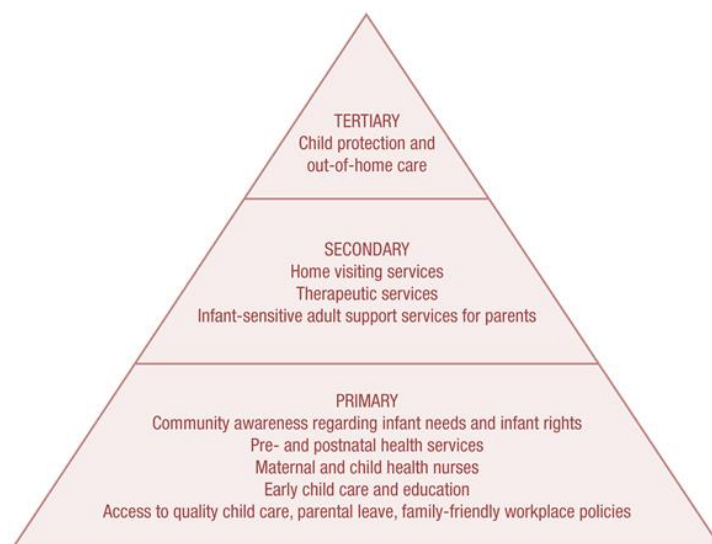


Figure B. Hierarchy of family and children's services.

<sup>13</sup> Services delivered on the basis of family-centred practice have the potential to strengthen parental beliefs in their own efficacy, and parents who feel empowered about their parenting capabilities are more likely to provide their children with development-enhancing learning opportunities (Dunst et al., 2007, 2008 cited in CCCH May 2016).

<sup>14</sup> This focus on parenting capacity reflects the Marrung action to 'further support Koorie parents as first educators of their children.'

<sup>15</sup> Underpinning the Roadmap to Reform is the "vision of a service system with progressively more intensive levels of support provided to children, young people and their families who have differing levels of need" (*Supporting the Roadmap to Reform: Evidence-informed practice*, The Centre for Community Child Health, May 2016).

<sup>16</sup> References include:

- Heckman, J. (2008). *The case for investing in disadvantaged young children*. <http://www.heckmanequation.org/content/resource/case-investing-disadvantagedyoung-children>.
- Allen, K. (2013). *Value for everyone: Understanding the social and economic benefits of family support services*, Canberra: Family Relationships Services Australia.
- Fox, S. et al. (2015) *Better systems, better chances: A review of research and practice for prevention and early intervention*. Australian Research Alliance for Children and Youth.

ACCOs are funded by the Department to deliver Koorie IHS/HBL in line with their service agreement and the Guidelines. ACCOs' responsibilities include employing, managing and supporting the workers who engage in direct service delivery; establishing and maintaining effective governance structures; submitting financial acquittals; and completing data collection and reporting requirements.

'Direct service delivery' refers to programs and services funded by Koorie IHS/HBL that are delivered directly by the funded ACCO. Funded ACCOs use Koorie IHS/HBL funding to support families by training, supervising and professionally developing their workforce to deliver quality, evidence-based programs and, where required, Supplemental Support. Funding cannot be used for indirect (sub-contracted) service provision, such as activities and programs that are funded through other sources (e.g. Commonwealth) and/or operated by external service providers (e.g. other family services organisations). Families may be referred to these activities/programs by their Koorie IHS/HBL worker.

Programs and activities delivered with Koorie IHS/HBL funding are focused on promoting positive family functioning and reducing the stressors that impact on caregiving. They do this by systematically identifying and managing family risk factors, and providing additional support to increase protective factors. Koorie IHS/HBL is funded by the Department as a universal service for all families in which the participating child is aged pre-birth up to five years old (point of school entry) and is identified as Aboriginal. Families who access Koorie IHS/HBL therefore come from a wide range of backgrounds, from those with children known to or at risk of involvement with Child Protection to families that self-refer for additional support.

The program elements generally considered to be responsible for the positive impact of preventative or early intervention programs, particularly those targeting children, youth and their parents, are summarised in Table 1.<sup>17</sup> Appendix 1. provides a more detailed overview of what research has revealed to be the key elements of effective parent education programs.

Components	Elements
<b>Program design and content</b>	Theory driven
	Of sufficient dosage and intensity
	Comprehensive
<b>Program relevance</b>	Actively engaging
	Developmentally relevant
	Appropriately timed
<b>Program implementation</b>	Socioculturally applicable
	Delivered by well-qualified, trained, and supported staff
	Focused on fostering good relationships
<b>Program assessment and quality assurance</b>	Well documented
	Committed to evaluation and refinement

Table 1. Principles of effective prevention programs.

<sup>17</sup> Small S., Cooney M. & O'Connor C. (2009). Evidence-informed program improvement: using principles of effectiveness to enhance the quality and impact of family-based prevention programs. Family Relations Interdisciplinary Journal of Applied Family Studies, 58.

For Aboriginal families, research has shown that effective parenting support programs also include the following:

- use of cultural consultants in conjunction with professional parent education facilitators and home visitors
- long-term rather than short-term programs
- focus on the needs of both parents/carers and the child
- supportive approach focusing on family strengths
- structured early intervention programs while also responding flexibly to families.<sup>18</sup>

An overview of Koorie IHS/HBL is represented in the program logic on the following page.

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<sup>18</sup> Closing the Gap Clearinghouse (2012). *Parenting in the early years: effectiveness of parenting support programs for Indigenous families*. Australian Institute of Health and Welfare and Australian Institute of Family Studies, Resource sheet no. 16, August 2012.

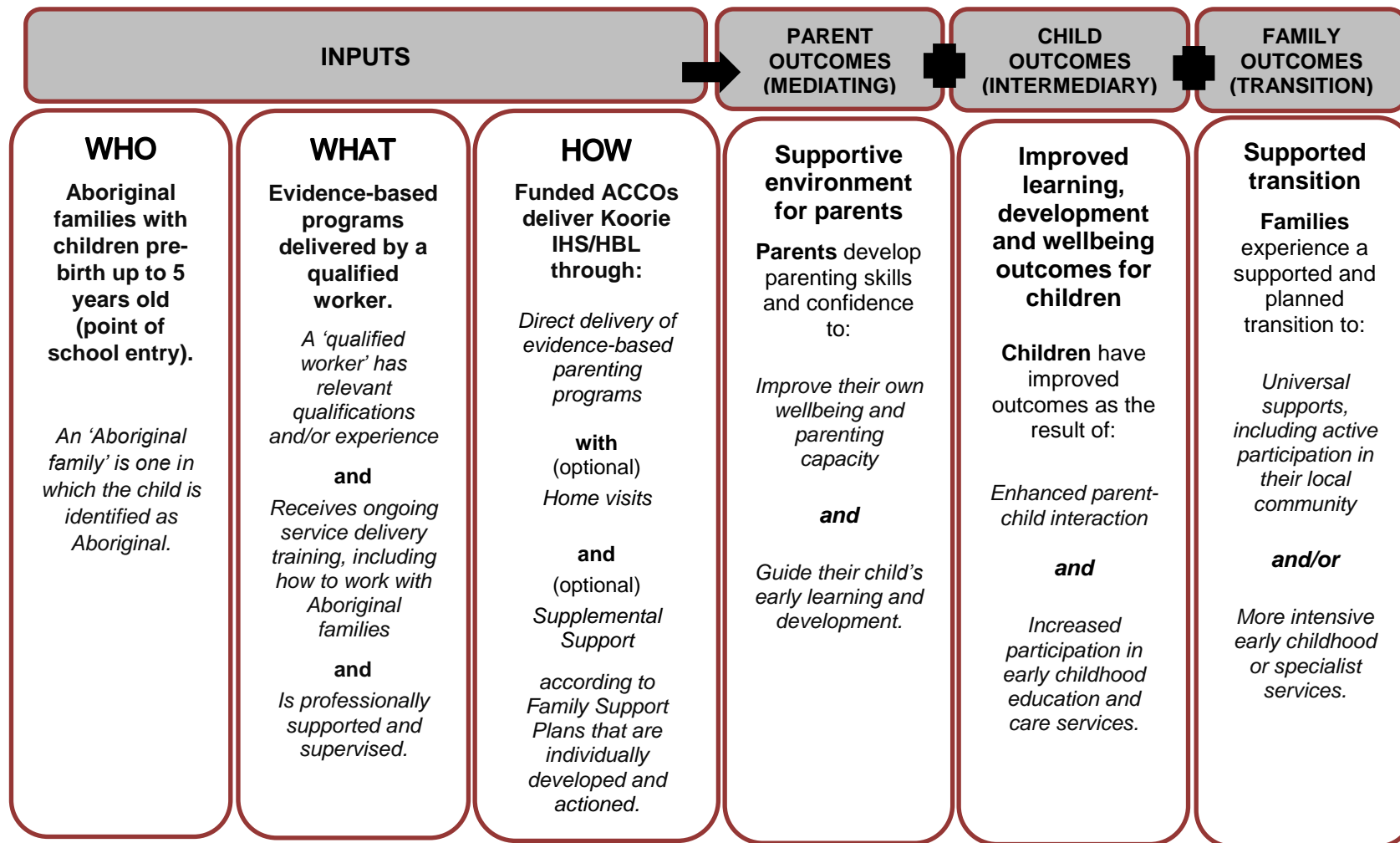


Figure C. Koorie IHS/HBL program logic.

## SERVICE DELIVERY – EVIDENCE BASED AND CULTURALLY SAFE

Programs funded through Koorie IHS/HBL are delivered directly by funded ACCOs and are:

- Evidence-based<sup>19</sup>
- Culturally safe<sup>20</sup>
- Included in the funded ACCO's regular reporting.

Koorie IHS/HBL has two components, Supplemental Support and evidence-based programs. Koorie IHS/HBL operates as a consolidated model, incorporating In Home Support and Home Based Learning, in which families participate in programs and activities determined by individual Family Support Plans and the age(s) of participating child(ren). Workers deliver both components<sup>21</sup> of Koorie IHS/HBL to families, defined as follows:

Koorie IHS/HBL Component	Description
<p>1. <b>'Supplemental Support'</b> means:</p>	<ul style="list-style-type: none"> <li>• <b>Enrolling</b> families in Koorie IHS/HBL</li> <li>• Ongoing <b>monitoring</b> of families, particularly higher needs clients</li> <li>• <b>Facilitating</b> families' ongoing participation in referred programs and services</li> <li>• <b>Conducting</b> home visits, both to deliver programs and to provide general support</li> <li>• <b>Planning</b> for and supporting families' transition.</li> </ul>
<p>2. <b>'Evidence-based program'</b> means:</p>	<p>Programs that have demonstrated their effectiveness through rigorous evaluation.</p> <p>In addition to being evidence-based, programs delivered using Koorie IHS/HBL funding:</p> <ul style="list-style-type: none"> <li>• have an early intervention and prevention approach</li> <li>• develop parents' capacity to support their children's early learning and development</li> <li>• are aligned with Koorie IHS/HBL objectives</li> <li>• are provided by workers who have been trained in the program(s) they are directly delivering.</li> </ul>

Table 2. Components of Koorie IHS/HBL.

Supplemental Support fulfills an identified need for a particular type of family-centred care that takes into account the lived experience of Aboriginal people, including those with multiple and complex needs. In order to be effective for families with complex needs, interventions need to be part of a broader approach that involves a long-term relationship between workers and families, and is informed by relevant theoretical concepts.<sup>22</sup>

<sup>19</sup> A recent report commissioned by the Roadmap Implementation Ministerial Advisory Group states that the Roadmap "envisages a service system where all state-funded programs and services are supported by scientific evidence of effectiveness" (*Supporting the Roadmap for Reform: Evidence-informed practice*, The Centre for Community Child Health, May 2016). This report is the first step towards ensuring that all practices and programs delivered to children and families in Victoria are evidence-based and achieve improved outcomes.

<sup>20</sup> Cultural safety refers to an environment in which people feel safe, that they are respected for who they are and what they need, and that their cultural identity is unchallenged (Victorian Auditor-General's Office from the *Victorian Aboriginal Affairs Framework 2013–18*).

<sup>21</sup> If a family is accessing Supplemental Support, they must also be participating in evidence-based programs.

<sup>22</sup> Barlow and Scott (2010) cited in *Supporting the Roadmap for Reform: Evidence-informed practice*, The Centre for Community Child Health (CCHH), May 2016.

Workers in funded ACCOs engage in direct service delivery to families, meaning they provide evidence-based programs with defined outcomes that they have been trained and/or accredited to deliver. Families enrol, actively participate, and eventually transition out of these programs. Workers use impact tools specific to the program being delivered to consistently measure individual outcomes. Refer to Box 1. for an example of appropriate service delivery.

Koorie IHS/HBL operates within the framework of ‘wrap-around’ service delivery, reflecting the model generally used by ACCOs.<sup>23</sup> Families who are supported through Koorie IHS/HBL may also access universal and other services offered by the same ACCO and/or other organisations in their community. The following figure depicts the primary components of Koorie IHS/HBL (red blocks) in the context of wrap-around service delivery. ACCOs must have well-developed pathways in place to facilitate referral to more intensive tertiary services if required.

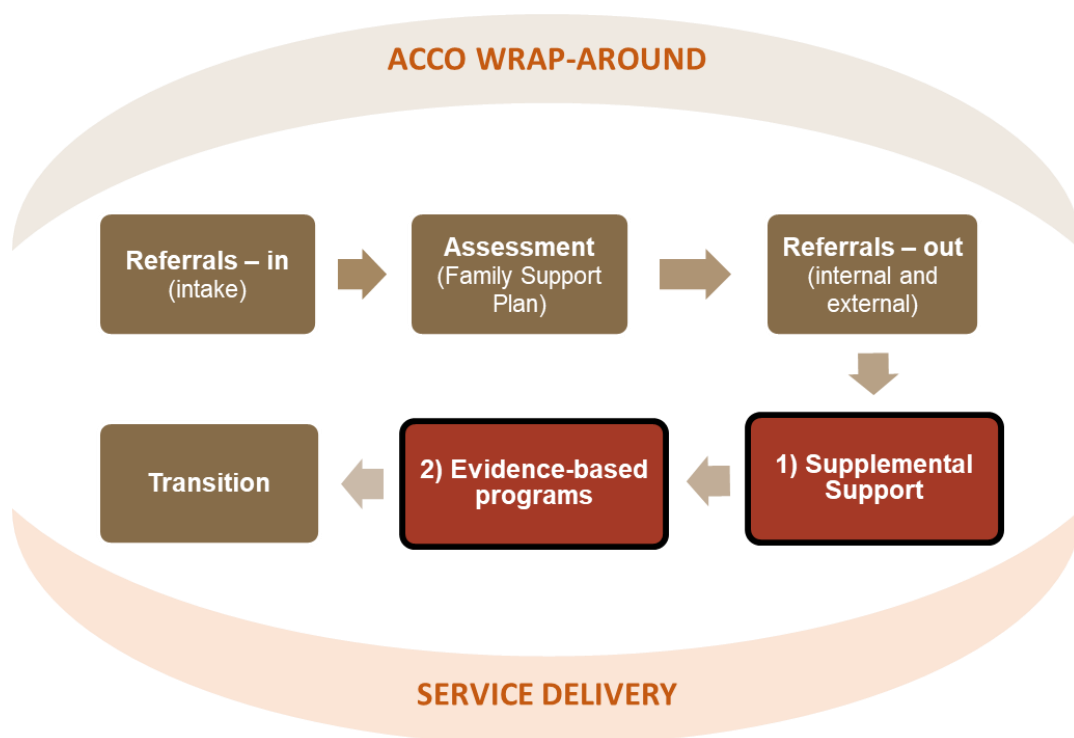


Figure D. Koorie IHS/HBL service model in the context of wrap-around service delivery.

Koorie IHS/HBL is delivered in a way that is respectful of cultural identity and promotes wellbeing for Aboriginal children and their families. Research provides clear evidence that successful programs for Aboriginal people are underpinned by approaches based on self-determination and support for community and culture.<sup>24</sup> For early childhood programs in particular, the following aspects of service delivery have led to successful outcomes:

- services that are aware of and address cultural competence and safety in their service delivery
- programs that involve the community in their planning, developing, implementation, and evaluation
- integrated continuum-of-care model that supports women through pregnancy, childbirth, and their children’s early years.

This is consistent with the three key requirements for effective and holistic family-centred care of Aboriginal families: adequately flexible service models (variations of care as and when needed); continuity of care (early and consistent engagement); and allowances for capacity (tailoring services to individual requirements).<sup>25</sup>

<sup>23</sup> Wrap-around service delivery refers to intensive, structured, individualised case planning and management, using a holistic approach that aims to develop the general capacity of families in regard to problem-solving skills, coping skills, and self-efficacy. Definition from: National Wrap-around Initiative (2004), a joint project of Portland State University; Institute for Innovation and Implementation, University of Maryland School of Social Work; and University of Washington School of Medicine.

<sup>24</sup> Australian Institute of Health and Welfare (2014). *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia*. Closing the Gap Clearinghouse, Canberra.

<sup>25</sup> Victorian Aboriginal Community Controlled Health Organisation (2014). *Aboriginal families’ engagement in Maternal and Child Health services, Phase One Summary Report*.

Components of Koorie IHS/HBL may be delivered in the home. The expected outcomes of home visits are documented in Family Support Plans, including a planned schedule where possible (e.g. weekly, fortnightly). Home visits may also take place on an occasional basis to provide one-on-one support and reduce social isolation for families who are not able to participate in programs and activities outside the home. If not in the home, service providers should make space(s) available that facilitate the development of parent-child interaction, for example, a child friendly/safe space on or nearby the ACCO's premises, or in a supported playgroup.

#### EXAMPLE: Koorie IHS/HBL and the wrap-around service delivery model

Fran and her two year-old toddler Amy have been clients of ABC ACCO since Amy was born. Fran is separated from Amy's father, and there have been incidents of family violence, resulting in the family being known to Child Protection.

ABC's service model has a holistic approach to addressing the needs of their clients, commencing with intake assessment and concluding with supported transition from the service. As clients of ABC ACCO, Fran and Amy were enrolled in Koorie IHS/HBL in February (first quarter of the year) and have been included in Koorie IHS/HBL targets and reporting from that point. ABC's wraparound model has created a 'care team' for Fran and Amy, built by the Koorie IHS/HBL worker, who developed a Family Support Plan with Fran and regularly reviews it with her to ensure that she is making progress towards the goals she identified during intake. As part of Fran's extended care team, the Koorie IHS/HBL worker regularly consults with case managers in other services that Fran uses, including Child Protection and family violence support.

Fran and Amy participate in the evidence-based parenting support program *Bringing Up Great Kids*, which aims to build Fran's parenting capacity and provide opportunities for her to interact with Amy in a positive environment. Some components of this program are delivered in the home. Fran and Amy also regularly attend ABC's weekly facilitated playgroup. Both of these programs provide opportunities for workers to model positive parent-child interaction in less formal settings. Fran has also received a small amount of flexible purchasing to buy a cot for Amy.

ABC's service model is supported by a Lead Practitioner (a qualified social worker) who supervises and mentors the workers, and supports the client intake, assessment, and decision-making processes, particularly for more complex families. The Lead Practitioner also coordinates the training, professional development, and reflective practice of the Koorie IHS/HBL workers and is available to provide additional, post-intake support for workers and/or consultation with external agencies to which a family may be referred.

*Box 1. Illustration of Koorie IHS/HBL in the context of wrap-around service delivery.*

## TARGET GROUP

Koorie IHS/HBL is funded by the Department as a universal service for all families in which the participating child is aged pre-birth up to five years old (point of school entry), and is identified as Aboriginal. Children within the eligible age range participate in Koorie IHS/HBL seamlessly from point of enrolment to the family's transition out of Koorie IHS/HBL. Koorie IHS/HBL is focused on the family as a whole, encompassing both parents and other carers (male and female) who play a role in the participating child(ren)'s early care and development.

The participating parent(s) is/are not required to identify as Aboriginal, and there is no requirement for an assessment to determine a family's eligibility. Sources of referral (e.g. Koori Maternity Services and the MCH Service) should be made aware of the eligibility criteria for Koorie IHS/HBL by the funded ACCO.

Families of children known to Child Protection are not excluded from accessing Koorie IHS/HBL. Workers use their professional judgment to determine which families will benefit from the stated objectives of Koorie IHS/HBL – on a short- and/or longer-term basis – and make referrals to more specialised, intensive services where required.<sup>26</sup> Families and children at high risk, with needs that go beyond the objectives of Koorie IHS/HBL, should be assessed for potential referral into tertiary services that can better meet their needs.

<sup>26</sup> A recent report commissioned by the Roadmap Implementation Ministerial Advisory Group found that, while supportive sustained relationships are the most effective form of treatment for people who have suffered traumatic maltreatment, people who are facing multiple challenges can benefit from evidence-based programs delivered through the medium of positive relationships with service providers (*Supporting the Roadmap for Reform: Evidence-informed practice*, The Centre for Community Child Health, May 2016, p. 3).

## RECORD OF ENROLMENT AND PARTICIPATION

A Family Record must be completed when a family commences participation in Koorie IHS/HBL. The Family Record captures basic demographic information about the family, which supports their participation in Koorie IHS/HBL. It also allows the ACCO to maintain service accountability and conduct performance monitoring.

Completion of a Family Record is required even if participating families are accessing other services at the ACCO through a general intake process. Completing a Family Record is part of engaging the family in Koorie IHS/HBL and facilitates accurate and accountable reporting. It is not a case plan.

The Family Record also shows whether participating families have a Family Support Plan and the status of the target child(ren) at the beginning and end of each quarter in relation to their MCH Key Ages and Stages consultations and whether (if eligible) they are enrolled in year-before-school kindergarten or Early Start Kindergarten.

## REFERRAL PATHWAYS

Service providers funded to deliver Koorie IHS/HBL must establish clear entry points to facilitate and encourage eligible families to participate. For example, Koorie IHS/HBL may use Koori Maternity Services (KMS) as one source of referral. KMS provides culturally appropriate care and support to Koorie women during pregnancy, birth and the immediate postnatal period. Other commonly used sources of referral include MCH Services, Koorie Preschool Assistants, general practitioners, and external early years services, including supported playgroups. Families who require less intensive parenting support may also self-refer into Koorie IHS/HBL.

Referrals from ChildFIRST must be made via the family services area of the funded ACCO or through external Family Services providers. After reviewing the referral, Family Services providers will determine whether a referral to Koorie IHS/HBL is appropriate for the family.

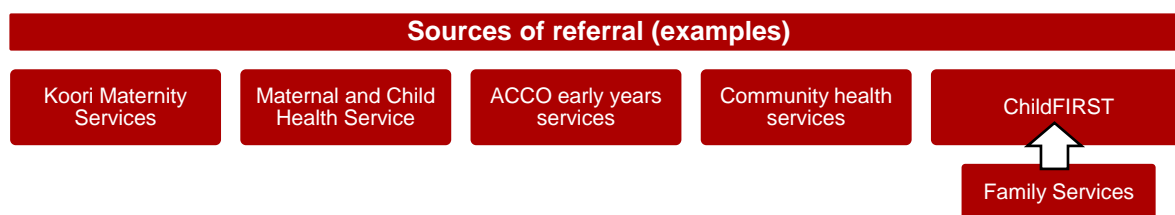


Figure E. Examples of key referral pathways into Koorie IHS/HBL.

If demand for Koorie IHS/HBL exceeds available places, ACCOs may need to operate a waiting list and/or refer families to other appropriate supports until a place is available, such as a playgroup (community or supported) or other family support service. The requirement to develop Family Support Plans for all families participating in Koorie IHS/HBL increases the likelihood that families are able to transition in a timely manner, thereby increasing the number of families who can access Koorie IHS/HBL over time.

## SUPPORTED TRANSITION

Koorie IHS/HBL workers develop Family Support Plans in consultation with all participating families. Although families can continue to access Koorie IHS/HBL as long as their child(ren) remain within the target age range, a Family Support Plan will assist in determining how long Koorie IHS/HBL can effectively support a family's needs and goals. Workers use their professional judgment to determine the length of time a family participates in Koorie IHS/HBL.

The purpose of the Family Support Plan is to ensure that families access programs and services that will assist them both during and at the conclusion of their participation in Koorie IHS/HBL. 'Supported transition' refers not only to the workers' facilitating a participating child's transition to kindergarten or school, but parental outcomes as well. The goals developed with parents as part of their Family Support Plans should be related to the overall outcomes of Koorie IHS/HBL (e.g. increased parental capacity and improved parent-child interaction).

The Family Support Plan is a 'living document' developed and refined with the active involvement and agreement of the family throughout their participation in Koorie IHS/HBL. Families may also be referred by the worker to other relevant services anytime during their participation in Koorie IHS/HBL. Examples of possible referrals include placing a child on a central kindergarten enrolment list and identifying other parent support services, alcohol and drug services or specialist children's services. The Family Support Plan is finalised when a family ceases participating in Koorie IHS/HBL.



## EXAMPLE: Transition support (Family Support Plans)

Fran and her two year-old toddler Amy have participated in various aspects of Koorie IHS/HBL during the first quarter of the year, including an evidence-based parenting program and regular attendance at ABC ACCO's supported playgroup. They have achieved positive outcomes, including Fran's increased ability to respond positively to Amy.

Their living situation has changed as well. Fran and Amy's father have formally separated and, over the last two months, Fran and Amy have settled into a spare bedroom at Fran's sister's house, while Fran consults with community housing about new accommodation for herself and Amy. The new living arrangements have been positive for the entire household, as Fran has been able to model her new parenting skills for her sister and her sister's two small children, resulting in a more organised and peaceful home environment. Fran and her sister are also creating more regular home-based learning opportunities for the children, including regularly reading with them at bedtime.

Fran's worker at ABC ACCO (Amanda) has regularly reviewed Fran and Amy's progress, using their Family Support Plan and the results of the before- and after-assessments of their participation in the parenting program. By mid-way through the following year – when Fran and Amy have been accessing Koorie IHS/HBL for about 18 months – Amanda feels confident about discussing the transition process laid out in their Family Support Plan with Fran.

These plans include:

- locating a community playgroup that Fran and Amy feel comfortable joining
- ensuring that they can independently access universal services such as MCH, and
- discussing pathway(s) to access ABC ACCO again in the future if needed. Although they may not enrol in Koorie IHS/HBL again, ABC ACCO is available to Fran and Amy for a range of other needs as well.

Fran and Amy also join in a small celebration at ABC ACCO with other parents and children who are moving onto other supports and activities in the community. They have become friends with some of the families and look forward to continuing those friendships independently of their participation in Koorie IHS/HBL.

*Box 2. Example of transition pathways out of Koorie IHS/HBL.*

## LOCATION OF THE SERVICE

Each ACCO defines their service provision area and may need to consider transport and access arrangements for families to facilitate their participation in Koorie IHS/HBL.

## KOORIE IHS/HBL WORKERS

A recent review of the determinants of quality service delivery in early childhood education and care found that the education, qualifications, and training of the workforce were the most influential factors.<sup>27</sup> Other analysis found that both the level (e.g. certificate, diploma, degree) and field (e.g. early childhood, social work, health) of the qualifications was also important.<sup>28</sup> Workers should hold (or in arrangements agreed with the Department be working towards) relevant qualifications. Details of the skills and competencies required of workers are in Appendix 4.<sup>29</sup>

The employment of Aboriginal people in the role of Koorie IHS/HBL worker is strongly encouraged. The primary role of Koorie IHS/HBL workers is to build the capacity of parents to guide their child's learning and development, including successful transition to kindergarten and school. Workers undertake a number of activities with individual families – which may include home visits – including:

- directly delivering and/or facilitating access to evidence based parenting programs
- strengthening the home learning environment by modelling activities that support the parents' role as their child's first educator.

<sup>27</sup> Brennan D. and Pascoe S. (2017). *Lifting Our Game: Report of the review to achieve educational excellence in Australian schools through early childhood interventions.*

<sup>28</sup> Warren, D. and Haisken-DeNew J. P. (2013). *Early bird catches the worm: The causal impact of pre-school participation and teacher qualifications on year 3 national NAPLAN cognitive tests.* Melbourne Institute Working Paper Series Working Paper No. 34/13. Melbourne, Victoria: Institute of Applied Economic and Social Research, University of Melbourne.

<sup>29</sup> A recent report summarising the findings of a Victorian family services workforce audit described a workforce that was well qualified (including knowledge of child development) and reasonably stable, with high levels of job satisfaction and confidence in working with a range of family vulnerabilities (Department of Health and Human Services, *Family Services Workforce Survey*, June 2017).

Over the course of a family's participation in Koorie IHS/HBL, workers progress through the following stages, according to a timeframe that fits the particular needs and capacity of each family:

- manage incoming referrals and facilitate families' initial engagement with Koorie IHS/HBL
- assess families' needs, using a collaborative and strengths-based approach, and align identified needs with relevant components of Koorie IHS/HBL
- identify any additional supports a family may require, including Supplemental Support
- enrol families in Koorie IHS/HBL, collecting basic demographic information about them, as well as a record of the evidence-based program(s) in which they will participate, and whether they will utilise home visits
- develop a Family Support Plan that reflects the family's objectives for their participation in Koorie IHS/HBL
- assist families to transition onto other services and supports using their knowledge of local services and activities and professional judgment to determine the timing of transition.

Worker-client relationships are the foundation of effective service delivery. Research has found that a positive worker-parent relationship can be enhanced by creating a culture of inquiry and reflection among workers; supporting staff with good supervision and training; and giving staff enough time to develop relationships with the families they work with.<sup>30</sup> The way in which support is offered to families also strongly influences whether that support has positive, neutral or negative consequences,<sup>31</sup> and relationship building via practitioner attunement, responsiveness and authenticity is the starting point to all productive client-practitioner planning and decision-making.

Establishing referral processes and engaging in data collection and outcomes monitoring with families is part of the professional practice role of the worker, not an administrative or coordination function. Active involvement by the worker in all aspects of families' participation in Koorie IHS/HBL, including assisting them to complete forms and supporting their attendance, enhances families' engagement with the worker and helps ensure families actively participate in Koorie IHS/HBL.

Effective delivery of evidence-based programs is dependent upon the skills and experience of front-line practitioners who work directly with families. Ensuring that workers are capable of building effective working relationships with parents and caregivers should be a focus of recruitment and professional development. Because workers model how participating parents relate to their children, it is important that workers have access to training that helps them develop the skills and strategies required to support high quality relationships with parents.

Relationship-building skills and practices are trainable and, with the necessary post-training supervision and support, workers will continue to progressively develop these skills over time. All providers are expected to have training plans in place for their workers, and workers must complete any training required to deliver evidence-based program(s). The Department can assist in identifying training needs.

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<sup>30</sup> Scott D. et al (2007). *Positive Partnerships with parents of Young Children*. Australian Research Alliance for Children and Youth, West Perth, W.A.

<sup>31</sup> Carl J. Dunst and Carol M. Trivette (2009). *Capacity-Building Family-Systems Intervention Practices*. Journal of Family Social Work Vol. 12(2).

## EXAMPLE SERVICE MODEL – A day in the life of Koorie IHS/HBL workers and Coordinator

ABC ACCO has employed three full-time Koorie IHS/HBL workers – Clarence, Rob and Amanda – and one part-time Coordinator, Mary.

Most of the families currently enrolled in Koorie IHS/HBL receive some form of Supplemental Support, and all of them are participating in evidence-based programs. Amanda and Clarence have been trained in the *Tuning into Kids* program and deliver it to the families they work with, as well as several families on Rob's caseload. Families who are accessing Supplemental Support sometimes require more intensive, one-on-one support, such as transport to appointments and other relevant activities (e.g. playgroup). Other families do not require such intensive support. Clarence has used a small amount of funds from flexible purchasing to buy a myki pass and some children's books for one of the families he works with.

All of the workers are responsible for conducting ongoing assessments of the changing needs of the families they work with; monitoring their participation in one or both components of Koorie IHS/HBL; making ongoing internal and external referrals according to their families' evolving needs; and ensuring their Family Support Plans are kept up to date and actioned as necessary. For example, in discussion with a family soon after they commenced participating in Koorie IHS/HBL, Rob recognised that the target child's learning and development would be enhanced by attendance at an early childhood education and care service. He assisted the family to identify a suitable service and supported them to enrol their child.

In consultation with the families she works with, Amanda provides referrals to a range of different services and supports, including registering two children with the local Council's kindergarten central enrolment system and making referrals to relevant parent support services, relationship counselling, alcohol and drug services, and specialist children's services.

Amanda also recently accompanied one of her families to the local library, which holds a regular series of parenting information sessions in partnership with the local health service. Various child health specialists were available at these sessions, including an audiologist, dietician, podiatrist, psychologist, and speech pathologist. These specialists offered basic health checks and information about important areas of early development, such as hearing, speech, nutrition, communication and behaviour development.

Rob conducts in-home support for three families, and Amanda for one family. They spend approximately three hours per week in the homes of each of these four families. During these home visits, they deliver evidence-based programs that strengthen the home learning environment and build the parents' capacity as first educators of their children.

Mary provides a minimum of five hours per month of direct supervision and mentoring for each of the three workers. She also monitors each family's participation in Koorie IHS/HBL, ensuring that their use of other services, both within ABC ACCO and externally, do not duplicate activities or programs in which the families are already participating. Mary is responsible for coordinating the data collection and reporting that is required of Koorie IHS/HBL workers.

Mary is also coordinating program improvement for one of ABC ACCO's programs, assisted by Clarence and supported by ABC's senior management. They call this program 'Two for Toddlers.' The program focuses on involving dads more closely in their children's early learning and development, and includes some fun activities onsite with bub and dad only, as well as a regular parenting support program held onsite for dads along with their partners. The program is delivered by Clarence, who is a qualified parenting support practitioner. It has been running for six months and will shortly undergo evaluation.

## EXAMPLE SERVICE MODEL – A day in the life of Koorie IHS/HBL workers and Coordinator

### **Example service model: Preparing for Life (Pfl)<sup>32</sup>**

*Pfl* aims to improve levels of school readiness, commencing during pregnancy and lasting until children start school. *Pfl* supports parents to develop the skills and knowledge they need to prepare their children for school. The program has three elements:

- 1) Mentoring** (regular home visits): *Pfl* mentors built good relationships with parents and provided them with high quality information about parenting and child development. The home visits start in pregnancy and continue until the child starts school at age 4 or 5.
- 2) Triple P** (evidence-based parenting program): Triple P aims to improve positive parenting in a group-based setting. Parents participate in Triple P when their children are between 2 and 3 years of age.
- 3) Baby massage** (parent-child interaction): Baby massage classes are offered during the child's first year to equip parents with skills to interact with, engage, and relax their baby, emphasising the importance of both verbal and non-verbal communication between parents and babies.

*Box 3. Indicative activities and responsibilities of Koorie IHS/HBL workers/coordinators, with example service model.*

## SUPERVISION AND SUPPORT FOR WORKERS

Working with complex families can be demanding, and workers will require support to establish and maintain responsive and caring relationships with families. Supervisors and co-workers are key sources of this support. Effective supervision can be defined as being:

- regularly available, with the required frequency, and without undue interruption
- collaborative, supportive and mutually respectful, encouraging open discussion of difficult situations
- grounded in a theoretical base that is accepted and understood throughout the entire organisation
- able to provide workers with opportunities to reflect on their work, the way they work with families, and other possible approaches they could take.

It is a funding requirement that workers are provided with regular practice supervision<sup>33</sup> from a suitably qualified and experienced supervisor/coordinator. This is to ensure accountability and support to the worker, as well as increased levels of wellbeing and job satisfaction.<sup>34</sup> It is expected that ACCOs will create the time and organisational culture that allows such support to be provided, including guidance for workers in understanding and managing the challenges they face working with vulnerable families.

The ultimate aim of professional supervision is to provide the best possible outcomes for service users, in accordance with the organisation's responsibilities and accountable professional standards. ACCOs are most likely to achieve this aim through workers who are skillful, knowledgeable, clear about their roles, and assisted in their practice by sound advice and support from a supervisor with whom they have a good professional relationship. The secondary aim of professional supervision is the wellbeing and job satisfaction of workers, not only because satisfied workers are more likely to remain in their jobs, but also because a duty of care for staff working in difficult and challenging roles is important in its own right.<sup>35</sup> ACCOs may deliver professional supervision internally or source it from external organisations.

<sup>32</sup> *Preparing for Life* is a prevention and early intervention project based in north Dublin. Its focus is on improving children's lives by supporting parents, early years practitioners and teachers to use proven approaches to help children achieve their full potential.

<sup>33</sup> Practice supervision' refers to a process that supports workers to provide a high quality, confident and innovative service to their clients. Practice supervision is distinct from managerial supervision, which centres primarily on whether workers have met performance standards and followed organisational protocols. Practice supervision involves a formal working alliance between a more experienced and a less experienced practitioner in which the less experienced practitioner's work is reviewed and reflected upon, with the aims of improving the practitioner's work with families; ensuring client welfare; and supporting the practitioner's professional development. It is an opportunity for a less experienced practitioner to seek professional advice in regards to their work and receive guidance about how to approach work-related issues.

<sup>34</sup> The importance of effective supervision, particularly in the welfare and mental health fields, is frequently highlighted in reviews of research and practice literature (*Supporting the Roadmap for Reform: Evidence-informed practice*, The Centre for Community Child Health, May 2016, p.10). A recent audit of the Victorian family services workforce revealed that 50% of the surveyed workforce receive fortnightly formal supervision and about 20% receive fortnightly reflective practice and/or clinical supervision (Department of Health and Human Services, *Family Services Workforce Survey*, June 2017).

<sup>35</sup> Carpenter, J. and Webb, C. (2015). *Effective supervision in social work and social care*. Social Care Institute for Excellence Research Briefing, U.K.

Supervisors should have the qualifications and experience required to provide:

- supervision and mentoring to workers delivering parenting support/home-visiting/group activities
- Implementation support for workers' delivery of evidence-based programs, including overseeing the development and maintenance of referral pathways, identification of eligible families, etc.
- monitoring families' participation in Koorie IHS/HBL, particularly if they are also engaged in other programs/services delivered by the funded ACCO, to reduce the possibility of overlap or duplication.

The ACCO may also devote some proportion of salary-related funding to engaging a professional lead practitioner, such as an MCH professional or social worker, or other specialist support,<sup>36</sup> who can provide more intensive professional support and mentoring for staff. A lead practitioner would most likely be employed across several of the ACCO's programs and services, in addition to Koorie IHS/HBL.

The Department works in partnership with VAEAI, who provides support to ACCOs funded to deliver Koorie IHS/HBL as follows:

- Biannual site visits to each funded location to provide implementation support to workers and managers:
  - Developing consistent state-wide approaches to service delivery challenges and issues, including any that might be addressed with training the Department can organise and/or provide
  - Assisting ACCOs to identify opportunities for local and state-wide networking
- Quarterly joint VAEAI/DET Forum and Networking Meetings for workers and managers in all funded ACCOs.

Workers and a managerial representative are also required to attend quarterly forums jointly convened by VAEAI and the Department, which provide professional development responsive to the needs of workers and the opportunity to share best practice and potential solutions to emerging challenges.

## FUNDING MODEL

Expenditure of Koorie IHS/HBL funding is distributed as follows:

Staffing	Service administration	Flexible purchasing	Emergency assistance	Total
70%	25-30%	Up to 5%	Up to 1%	100%

Table 3. Funding model expenditure distribution.

Seventy percent of Koorie IHS/HBL funding is for the **salary and salary-related costs** (LSL/Workcover/SL) of employing qualified worker(s), coordinator(s)/line managers, and/or specialist support. Coordinators may be concurrently employed as workers. ACCOs are expected to monitor staffing levels to ensure the needs of participating families can be met and to recruit staff as soon as vacancies occur.

Twenty-five to thirty percent of funding is for **service administration**, including program management, professional supervision of workers, training/professional development,<sup>37</sup> and capital inputs to the program. Capital inputs may include office equipment, venue hire, technology to support service delivery (e.g. access to a mobile telephone), and access to a motor vehicle.

Up to five percent of funding is for **flexible purchasing**. Flexible purchasing provides practical support to children and families enrolled in Koorie IHS/HBL with the aim of overcoming any barriers to their participation in key early years services. The purpose of flexible purchasing is to assist families with the following types of expenses:

- **Transport costs**, such as cab vouchers or public transport passes, to facilitate a family's access to services
- Items to enable **children's participation** in early childhood education and care services and activities
- **Resources** to develop the home learning environment, such as books or educational activities.

<sup>36</sup> At the ACCO's discretion, Koorie IHS/HBL funding can also be used to engage cultural consultants, such as paraprofessionals who work alongside non-Aboriginal workers.

<sup>37</sup> Excluding the quarterly Forum and Networking Meetings.

Workers identify the need for flexible purchasing and are responsible for managing the expectations of families in regards to its use, to ensure that it is used appropriately. Flexible purchasing is not a package of ongoing client support<sup>38</sup> available to each family accessing Koorie IHS/HBL funding. It is to be used periodically, on the basis of individually assessed need, for families who temporarily require additional assistance in supporting the health and wellbeing of their young children. All flexible purchasing must be included in the funded ACCO's financial acquittals.

Up to one percent of the funded ACCO's grant can be used for **emergency assistance** specifically to promote child health and wellbeing.

Expenditure in any of these categories can vary by two percent either way without requiring Departmental approval. ACCOs must be able to acquit Koorie IHS/HBL funding independently of funding from other sources of funding. If flexible purchasing is not fully utilised by the end of the financial year, it can be used to cover other service administration expenses.

### EXAMPLES: DISTRIBUTION OF FUNDING EXPENDITURE – Level 2 funding

ABC ACCO has three full-time workers and a part-time Coordinator employed to deliver Koorie IHS/HBL, totalling 3.75 FTE. This equates to 70% of ABC's total Koorie IHS/HBL grant, which aligns with the requirements of the funding model.

After covering 25% service administration costs, ABC has up to 5% of their grant remaining for flexible purchasing, and up to 1% for emergency assistance. The varied percentages in these two portions of their grant provide ABC with a range of options in meeting the needs of individual families who access Koorie IHS/HBL funding. Workers at ABC periodically use flexible purchasing to ensure families are able to provide quality early learning and development experiences for their young children, such as purchasing books to enhance the home learning environment, or a public transport pass to ensure families can access the local early learning centre (long day care).

1-2-3 ACCO has higher service administration costs of 28%; therefore, the percentage available for flexible purchasing and/or emergency assistance is lower. 1-2-3 sometimes uses emergency assistance funding to help families who are accessing Koorie IHS/HBL to acquire items such as cots, car seats, and nappies.

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<sup>38</sup> E.g. flexible purchasing is not the same as the flexible packages provided through Integrated Family Services (DHHS), which 'support a family action plan, such as meeting the cost of baby safety equipment or undertaking specialised counselling or treatment services' (*Human Services Policy and Funding Plan 2015-19, update 2017-18: Integrated family services activity description*).

# PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

ACCOs that receive funding from the Department to deliver Koorie IHS/HBL are required to:

- deliver Koorie IHS/HBL in accordance with the service specifications in the Guidelines
- meet the performance targets specified in the Guidelines, as well as their service agreement
- regularly acquit their funding
- provide the information/data specified in the Guidelines to the Department.

## PERFORMANCE TARGETS

Performance and accountability are monitored in three areas:

1. Targets
2. Indicators
3. Outcomes.

Because of the intensive effort that may be required to support participation and transition planning with families who participate in Koorie IHS/HBL, the number of families supported at any one time should not exceed the targets specified below.<sup>39</sup> Adhering to these targets will also avoid negative impact on the quality and intensity of the support families receive and result in the best possible outcomes for participating families.

For reporting purposes, a ‘family’ is defined as the parent who participates (enrols) in Koorie IHS/HBL and the child(ren) within the target age range who participate with the parent. Families participate on the basis of an integrated Family Support Plan that relates to the family as a whole (potentially including older siblings), but only children within the target age range are included in reporting. Families are counted once at enrolment and again at each reporting period (quarter) in which they continue to participate in Koorie IHS/HBL.

The following two performance indicators appear in the funded ACCOs’ service agreements and apply to each service provision area. Target numbers of families are calculated on the basis of each ACCO’s level of funding and the FTE they are required to employ to align with the funding model (70% on salary and oncosts).<sup>40</sup>

### Targets

Performance Indicator	Target per service provision area	Source of information
Number of families participating in Koorie IHS/HBL at any point in time <sup>41</sup>	40 (Level 1) 24 (Level 2)	Family Record
Percentage of families sampled who are satisfied with Koorie IHS/HBL	85%	ACCOs’ own process/form

Table 4. Performance targets.

<sup>39</sup> Participation of individual families in Koorie IHS/HBL for long periods of time (e.g. up to a year or more) will restrict the number of places available for new families to access Koorie IHS/HBL.

<sup>40</sup> Service agreements of providers with Level 1 funding at the point of revising the Guidelines had a target of 40 families. Service agreements of providers with Level 2 funding had a target of 25 families. The targets in the revised Guidelines are therefore consistent with historical levels (40 for IHS/HBL and 25 for IHS only). Targets are subject to review in subsequent updates of the Guidelines.

<sup>41</sup> This results in approximately 8 families per FTE. Targets are expressed as ‘point in time’ rather than cumulative because families generally participate in Koorie IHS/HBL for more than one quarter (one reporting period), and often up to a year or longer, depending upon various circumstances such as the age(s) of participating children; whether there are subsequent pregnancies in the family; and other factors. A cumulative total would mean that some families are counted multiple times (i.e. each quarter they continue to participate in Koorie IHS/HBL).

## Indicators

Participation in early childhood education and care (ECEC) services can provide children with a better start to their early learning and development, and is associated with improved school completion and enhanced literacy, numeracy and social skills.<sup>42</sup> In addition to a Family Support Plan, which provides the basis for a family’s effective and active participation in Koorie IHS/HBL, ECEC participation is a key indicator of improved child outcomes. The following indicators align with the actions in Marrung focused on early childhood outcomes: ‘improve access to and participation in early childhood services including MCH, supported playgroups, and kindergarten programs.’<sup>43</sup>

Key Indicator	Source of information
Number and percentage of participating children who are up to date with MCH Key Ages and Stages consultations at the end of each quarter (point in time)	Family Record
Number and percentage of participating children eligible for kindergarten in the year-before-school (YBS) who are enrolled in YBS kindergarten at the end of each quarter (point in time)	Family Record
Number and percentage of participating children who are eligible for Early Start Kindergarten (ESK) who are enrolled in ESK at the end of each quarter (point in time)	Family Record
Number and percentage of participating families with Family Support Plans at the end of each quarter (point in time)	Family Record

Table 5. Key indicators – participating child(ren).

## Outcomes

Evidence-based programs (EBPs) are those that have demonstrated their effectiveness through rigorous evaluation(s) and can be effectively replicated across multiple sites.<sup>44</sup> All EBPs have validated instrument(s) or tools that can be used to measure their outcomes and assess their impact on the families that participate in them.

In general, parenting education programs measure improvements in parenting capacity, including increased parenting skills and confidence, which are the intermediate outcomes required to positively enhance a child’s early learning and development, and address any identified emotional or behavioural difficulties.<sup>45</sup> One aspect of the Koorie IHS/HBL worker’s role is to assist parents to complete these impact measures when a) they enrol and b) they cease participation in Koorie IHS/HBL. This allows pre- and post-assessments of families to be made, providing evidence of the effectiveness of the program.

Outcome	Source of information
Number and percentage of parents who improve on measures of parenting capacity at the end of each quarter (point in time)	Assessment tool(s) relevant to the evidence-based program(s) delivered

Table 6. Key indicators – participating parent(s).

<sup>42</sup> COAG (2016). *Overcoming Indigenous Disadvantage: Key Indicators 2016* (Productivity Commission for the Steering Committee for the Review of Government Service Provision).

<sup>43</sup> Marrung: Aboriginal Education Plan 2016 – 2026, July 2016.

<sup>44</sup> Child Welfare Information Gateway. (2013). *Parent education to strengthen families and reduce the risk of maltreatment*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

<sup>45</sup> Improved parenting capacity is a proxy for improved parent-child interaction and enhanced home learning environments/children who are actively engaged in early learning (Outcomes Assessment Report: Aboriginal (DET Education and Training Outcomes Framework, May 2016).



## Staffing arrangements and target number of families (Level 2 funding)<sup>46</sup>

ABC ACCO delivers Koorie IHS/HBL across a single service provision area. They have employed three full-time workers – Clarence, Rob, and Amanda – a total of 3.0 FTE. They also have a part-time Coordinator, Mary (0.75 FTE), who supervises their work, and coordinates other family services programs delivered by ABC ACCO. This makes a total of 3.75 FTE employed to deliver Koorie IHS/HBL.

The overall target of 24 families per service provision area for Level 2 funding means that each full-time FTE is responsible for 8 families. Their current workloads (Quarter 1 reporting cycle) are: Clarence (7), Rob (8), and Amanda (7), so in **total ABC ACCO has 22 families** currently engaged in Koorie IHS/HBL.

ABC ACCO's initial enrolments of **22 families** are slightly below target, and they are therefore actively seeking referrals of additional families to reach the target of 24 by the next reporting cycle.

At the Quarter 2 reporting cycle, there were **24 families** enrolled in Koorie IHS/HBL, which ABC reported in their Quarter 2 report as the point-in-time total number of families.

At the Quarter 3 reporting cycle, there were **21 families** enrolled in Koorie IHS/HBL, which ABC reported in their Quarter 3 report as the point-in-time total number of families.

At the Quarter 4 reporting cycle, there were **22 families** enrolled in Koorie IHS/HBL, which ABC reported in their Quarter 4 reporting as the point-in-time total number of families.

ABC ACCO has remained slightly under target during three of the four reporting cycles, because of new families commencing participation and other families transitioning out of Koorie IHS/HBL during the year. They are working to keep the numbers of families as close to the target as possible, and seeking additional referrals and/or working with families who are ready to transition out of Koorie IHS/HBL, as required throughout the year.

First quarter (initial enrolments)	Second quarter 19 ongoing (3 transitioned) + 5 new) =	Third quarter 16 ongoing (8 transitioned) + 5 new) =	Fourth quarter 19 ongoing (2 transitioned) + 3 new) =
<b>22</b>	<b>24</b>	<b>21</b>	<b>22</b>

Box 4. Example of progress against targets.

## DATA COLLECTION AND REPORTING

ACCOs are responsible for collecting information about the implementation of Koorie IHS/HBL and reporting it on a quarterly basis to the Department. The purpose of collecting this information is to acquire basic demographic data about the families participating in Koorie IHS/HBL and to assess the impact of their participation, in order to clearly demonstrate how Koorie IHS/HBL supports Aboriginal families. This information also assists ACCOs in their overall service delivery by producing data and other information that can be used for organisational learning and service improvement.

In accordance with the principle of outcomes-based accountability, the Koorie IHS/HBL Service Tracking Report records the achievement of outcomes produced using Koorie IHS/HBL funding.

All collected information is de-identified and confidential to the ACCO that collects it. Data is returned to the Department in aggregated report format only. All forms and other individually identifiable information is retained by the ACCO. The forms used to collect data about Koorie IHS/HBL and an outline of reporting requirements are listed in the following table.

<sup>46</sup> NOTE: this example shows families rapidly transitioning through Koorie IHS/HBL (i.e. within one or two terms), which has been acknowledged in the Guidelines as not always being the case.

Name of form	Purpose	Required/Optional
<b>FORM A</b> Referral form – IN	Can be used to record the details of families referred into Koorie IHS/HBL	<b>Optional</b> – ACCOs can use their own forms and referral processes if preferred.
<b>FORM B</b> Family Record	Records the following information: <ul style="list-style-type: none"> <li>Number of families participating in Koorie IHS/HBL</li> <li>Basic demographic information about both parent and child</li> <li>Whether a Family Support Plan has been completed for the family, and</li> <li>Status of participating children in relation to key indicators.</li> </ul>	<b>Required</b>
<b>FORM C</b> Family Transition Plan	Developed for each family participating in Koorie IHS/HBL to document supports they may require as they cease participation in Koorie IHS/HBL	<b>Optional</b> – ACCOs may use this form alongside the Family Support Plans they develop using their existing processes/templates
<b>FORM D</b> Referral form – OUT	Can be used to record the details of families referred from Koorie IHS/HBL to other programs and services.	<b>Optional</b> – ACCOs can use their own forms and referral processes if preferred.

Table 7. Koorie IHS/HBL forms.

Reporting requirement	Purpose	Templates	Accountability to	Return to DET?
Performance targets and key indicators	Records information about achievement of targets and changes in key indicators	Service Tracking Report	<ul style="list-style-type: none"> <li>Service agreement (no. of families)</li> <li>Koorie IHS/HBL Guidelines</li> </ul>	Yes - quarterly
Parent satisfaction	Records levels of parent satisfaction with Koorie IHS/HBL	Survey or other means determined by the ACCO	Service agreement	No
Evidence-based program (EBP) outcomes	Demonstrates changes in parental capacity as the result of participation in evidence-based programs	Outcome measurement tool(s) packaged with the EBP selected by the ACCO	Koorie IHS/HBL Guidelines	No

Table 8. Koorie IHS/HBL reporting requirements.

## FINANCIAL ACQUITTAL AND PERFORMANCE MONITORING

The performance of all funded service providers is regularly reviewed by the Department through their service agreements. Continuation of funding is contingent on ACCOs meeting the targets and other service requirements specified in the Guidelines. Providers are required to participate with regional office staff in a review of their funding expenditure at the end of each calendar year. This review serves as preparation for a full acquittal at the end of the following financial year. The template in Appendix 2. is used to facilitate the end of year review, as well as the end-of-financial-year acquittal.<sup>47</sup>

All funding, including flexible purchasing, is subject to acquittal. The Department will recoup any accumulated underspend as part of the acquittal process within 90 days of the new financial year or as otherwise agreed. As is the case for all agencies receiving funding through service agreements, in situations where targets are not met, the Department and the agency will work together to identify the causes and implement remedial action. Failure to meet targets may lead to a reduction or cessation of funding in accordance with the terms of the service agreement.

ACCOs are required to ensure that all information is provided according to dates specified by the Department throughout the year (refer to Appendix 3). The Department will endeavour to feedback data to ACCOs on their performance.

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<sup>47</sup> Note that, if positions funded by Koorie IHS/HBL are vacant for longer than one reporting period (three months), DET regional staff will initiate a discussion with the ACCO about how to resolve recruitment issues, including a strategy to address potential underspend.

# SUPPORT FOR DELIVERY OF KOORIE IHS/HBL

The Department provides management and oversight of Koorie IHS/HBL, including specific functions that support its implementation. VAEAI provides some state-wide support for the ACCO workers who deliver Koorie IHS/HBL. Other organisations noted below provide broad support to ACCOs to deliver Koorie IHS/HBL, as well as complementary programs and services for families and children.

## DEPARTMENT OF EDUCATION AND TRAINING – CENTRAL OFFICE

Koorie Outcomes Division (KOD), within the Early Childhood and School Education Group has the following responsibilities in relation to Koorie IHS/HBL:

- Ongoing review of Koorie IHS/HBL related policies, Guidelines and reporting requirements
- Liaison and negotiation with the Department's regional staff regarding Koorie IHS/HBL monitoring and support, including their annual program management meetings with funded ACCOs
- Allocation of Koorie IHS/HBL funding to service providers via relevant regional offices
- Initiation and management of Koorie IHS/HBL evaluation
- Coordination of Koorie IHS/HBL support in collaboration with funded ACCOs, regional staff, and Aboriginal community stakeholders, particularly VAEAI
- Advice regarding training and professional development of workers.

## DEPARTMENT OF EDUCATION AND TRAINING – REGIONAL OFFICES

Regional staff have the following responsibilities in relation to Koorie IHS/HBL:

- Management of service agreements with the funded ACCOs, including quarterly monitoring of performance measures
- Supporting partnerships and developing the capacity of ACCOs
- Assisting ACCOs with Koorie IHS/HBL reporting requirements
- Consultation with local Koorie Engagement Support Officers, as appropriate, regarding relevant advice to support providers.

## VICTORIAN ABORIGINAL EDUCATION ASSOCIATION INCORPORATED (VAEAI)

VAEAI has worked for over 40 years to improve educational access, experiences, and outcomes for Koorie children, young people and families. VAEAI is the Department's partner in the design, implementation and monitoring of *Marrung: Aboriginal Education Plan 2016-2026*. VAEAI advocates and promotes the provision of education that is culturally relevant, reinforces cultural identity, and provides supportive learning environments for Koorie people. VAEAI supports ACCO workers who deliver Koorie IHS/HBL through local networking and direct contact with workers and their managers, as well as regular networking days to bring ACCO workers and Department staff together to celebrate and share successes and examine best practice in the early years, including emerging issues and innovations.

## VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (VACCHO)

VACCHO is the peak Aboriginal health body representing all Aboriginal Community Controlled Health Organisations in Victoria. The role of VACCHO is to build the capacity of its membership and to advocate on their behalf. VACCHO contributed to the development of *Marrung* and continue to be an active member in its governance structure. VACCHO has developed a number of resources and coordinated projects relating to maternal and child health and the early years. VACCHO resources that are aligned with Koorie IHS/HBL include the *Boorai Bundle*, *Strong Boorais*, *Bright Futures: Keeping healthy during pregnancy* and *Yarning about breastfeeding*. VACCHO has also implemented two key early years projects: *Aboriginal Early Years Health Scoping Project*, which reviewed government policies and strategies relevant to Aboriginal early years (0 to 8 years of age), as well as organisational and workforce development needs; and *Improving Aboriginal families' engagement in Maternal and Child Health Services*.

## **VICTORIAN ABORIGINAL COMMUNITY SERVICES ASSOCIATION LTD (VACSAL)**

VACSAL is a state-wide agency that provides advice to Government on a range of community development issues, as well as being a major provider of services to the Aboriginal community in both the metropolitan and some regional areas. These services include Bert Williams Koorie Youth program and residential support, Gambling Awareness, and Men's Support Programs. Their programs for youth and men are unique referral options for families accessing ACCO services. VACSAL has been instrumental in assisting the Victorian and Commonwealth Governments to develop policies and programs related to the advancement of Aboriginal people and is an active participant in the governance of *Marrung*. They also coordinate Aboriginal Best Start across Victoria, a Departmental early years program that complements Koorie IHS/HBL.

## **VICTORIAN ABORIGINAL CHILD CARE AGENCY (VACCA)**

VACCA is a key Aboriginal child and family welfare organisation in Victoria whose purpose is to protect and promote the rights of Aboriginal children and young people. They provide programs and services to reinforce Aboriginal culture and encourage best parenting practices, and advise government in relation to child abuse and neglect in the Aboriginal community. They advocate for the rights of Aboriginal children, young people and families, and provide them with services premised on human rights, self-determination, and cultural respect and safety. VACCA offers a range of support services for families and children that promote children's growth and development by focusing on positive parenting and family interaction. These complement Koorie IHS/HBL and include supported playgroups, Parenting Support Service, Aboriginal Stronger Families, Aboriginal Cradle to Kinder, Integrated Family Services, and Child FIRST. VACCA contributed to the development of *Marrung* and continue to be actively involved in its governance.

# APPENDICES

## APPENDIX 1. KEY ASPECTS OF EFFECTIVE PARENTING EDUCATION PROGRAMS<sup>48</sup>

### Program Design and Content

- **Bolster family level protective factors** – programs that build knowledge and skills in parental monitoring, communication, support, showing affection, spending time together, and discipline are linked to healthy child development.
- **Reduce family level risk factors** – programs that aim to reduce or eliminate harsh or overly strict parenting, parenting that is inconsistent or too permissive, social isolation, and high levels of marital or family conflict.
- **Involve both parents and children** – family-focused programs are often more effective than child- or parent-only approaches. Several particularly successful programs utilise parent-only sessions followed by family sessions with opportunities to practice new skills.
- **Incorporate adequate time and opportunity for participants to practice new skills and thinking patterns** – programs that supply pertinent information and then provide opportunities for parents to practice their new knowledge and skills through activities such as role-playing with other adults and/or with their children.
- **More intensive for families with a higher number of risks** – for higher risk families, more time may be needed to develop trust, modify dysfunctional attitudes and behaviours, and build upon skills learned in prior sessions. High-risk parents may benefit from multiple contacts each week via a range of mediums (groups, home visit, newsletter, phone call, etc.).
- **Collaborate with other community agencies to provide a comprehensive array of supports to meet the multiple needs of families** – parental functioning can be enhanced by linking parents to required services that address factors such as substance abuse, mental illness, domestic violence, employment, child care, nutrition and housing.
- **Reinforce and complement other educational efforts in schools, faith communities, media and community institutions** – for example, some programs pair a school-based component with a parent skill-building component. Such an approach helps ensure consistency between home and school.

### Program Relevance

- **Focus on critical periods of family development and engage families at their most teachable moments** – reach families during transitional stages such as the first year of a child's life, a child's entry into school, or parental divorce or separation. Reaching parents at these times allows the content of the program to be matched to the needs of the family. Parents are also more likely to be interested in educational programs during such transitions, as well as when they are having difficulty in relationships or trying to address issues that affect their child.
- **Start early in families' development before unwanted negative behaviours are established** – engaging parents early allows for the prevention of more serious problems later on.
- **Recognise the cultural traditions of the families involved** – while parenting behaviours such as the expression of affection are important in all families, the ways in which they are expressed may differ from culture to culture. Moreover, parental roles and responsibilities can vary across cultures, with extended family members and other adults in the community sharing in child-rearing. Programs must be attuned to these variations to be truly effective.

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<sup>48</sup> Small S., Cooney M. & O'Connor C. (2009). *Evidence-informed program improvement: using principles of effectiveness to enhance the quality and impact of family-based prevention programs*. Family Relations Interdisciplinary Journal of Applied Family Studies, 58.

## Program Delivery

- **Adhere to a tested and proven program design** – program effectiveness will likely be undermined if, for example, an evidence-based parenting program that prescribes a 12-session, 2-hour weekly format is condensed to a 6-session, 3-hour weekly format. Similarly, if a monthly newsletter paced to the age of the child and designed to be delivered to first-time parents over 12 consecutive months is instead sent to families as a set of all 12 newsletters at once, it is not as likely to have the same effect.
- **Staff credibility** – workers are most credible to the families with whom they work when they have shared experiences, including cultural background. Regardless of background, the following characteristics increase worker credibility: warmth, genuineness, flexibility, humour, and empathy; communication skills (including active listening); openness and willingness to share; sensitivity to family and group processes; and credibility and personal experience with children. Program success is also dependent on qualified staff who have a sound theoretical grounding as well as hands-on experience working with families and groups in different settings.
- **Flexible and responsive to family needs** – for parents to participate and focus on a program, basic needs such as meals and childcare can be provided. Safe locations and timing of programs to meet potential participants' circumstances are critical to program success.

In addition, the Child Welfare Information Gateway lists the following key elements of effective parenting programs:<sup>49</sup>

- **Strength-based focus** – a large body of research supports an emphasis on family interventions and education programs that focus on family strengths and resilience rather than weaknesses and problems.<sup>50</sup>
- **Family-centered practice** – family-centered parent education programs focus on family skills training and family activities to help children and parents communicate effectively and use the social supports available to them. Family-centered programs respect the traditions and values of the family and reflect the parents' learning styles, preferences, and cultural beliefs.<sup>51</sup>
- **Targeted service groups** – learning is enhanced when the participants include a clearly defined group of people with common needs or identifying characteristics.<sup>52</sup>
- **Clear program goals and continuous evaluation** – successful programs maintain individualised and group plans that are developed in partnership with participants. Progress toward program goals is routinely and effectively evaluated using both quantitative and qualitative research methods consistent with the services offered. In addition, these programs have an effective process for gathering client feedback and use this information, along with outcomes-based evaluation, for continuous quality improvement.

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<sup>49</sup> Child Welfare Information Gateway. (2013). *Parent education to strengthen families and reduce the risk of maltreatment*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

<sup>50</sup> Center for the Study of Social Policy. (2003). *Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect*. Retrieved from: <http://www.cssp.org/reform/strengthening-families/resources/body/LiteratureReview.pdf>

<sup>51</sup> Early Childhood Technical Assistance Center (ECTA) Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008). *Seven key principles: Looks like / doesn't look like*. Retrieved from: [http://www.ectacenter.org/~pdfs/topics/families/Principles\\_LooksLike\\_DoesntLookLike3\\_11\\_08.pdf](http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf)

<sup>52</sup> Colosi, L. and Dunifon, R. (2003). *Effective parent education programs*. Cornell University College of Human Ecology: Parenting In Context. Retrieved from: <http://www.human.cornell.edu/pam/outreach/parenting/research/upload/Effective-20Parent-20Education-20Programs.pdf>.

**APPENDIX 2. ACQUITTAL TEMPLATE (EXAMPLE LEVEL 2 FUNDING)**

Koorie In Home Support / Home Based Learning			
LEVEL TWO FUNDING			
Service provider name:		Date:	
ABC ACCHO		13-January-2018	
Expenditure of organisations funded to deliver Koorie IHS/ HBL must adhere to the following funding model:			
Staffing	Service administration	Flexible purchasing	
70%	25-30%	Up to 6%	
EXAMPLE:			
<b>Salaries and on-costs</b>	<b>70%</b>	<b>\$ 245,000</b>	
<b>Worker type</b>	<b>Current FTE</b>	<b>Salary and on-costs</b>	
Service Worker #1	1.00	\$ 53,976	
Service Worker #2	1.00	\$ 53,976	
Service Worker #3	0.75	\$ 40,482	Current standing against funding model
Coordinator	0.50	\$ 30,820	
<b>TOTALS</b>	<b>3.25</b>	<b>179,254</b>	<b>51.22%</b>
<b>Service administration</b>	<b>25-30%</b>	<b>\$ 87,500</b>	
<b>Description of expenditure</b>	<b>\$</b>		
Printing and stationary	\$ 530		
Comms (Internet access, telephone, mobiles)	\$ 3,400		
Meetings and conferences (catering, etc)	\$ 1,500		
Equipment hire, repair and maintenance	\$ 950		
Program expense (materials, etc)	\$ 13,356		
Staff training	\$ 1,200		Current standing assuming 25% by EOFY
Utilities and rent	\$ 2,356		
<b>TOTAL</b>	<b>23,292</b>		<b>6.63%</b>
<b>Flexible purchasing</b>	<b>Up to 3%</b>	<b>\$ 17,500</b>	
<b>Description of expenditure</b>	<b>\$</b>		
Client support (food vouchers, etc)	\$ 1,065		
Transport costs (cab vouchers)	\$ 625		Current standing assuming 5% by EOFY
<b>TOTAL</b>	<b>1,690</b>		
<b>Total Expenses</b>		<b>Total expenditure to date</b>	<b>Difference w/annual grant (current standing)</b>
Carry forward from previous Year (if any)			
<b>TOTAL</b>		<b>204,236</b>	<b>- 145,764</b>
<b>Underspend/carry forward</b>			<b>-\$ 145,764</b>
[THIS SECTION IS REQUIRED AT END-OF-FINANCIAL-YEAR ACQUITTAL ONLY]			
I certify that this account is an accurate record of expenditure for the grant to deliver Koorie In Home Support/Home Based Learning.			
<b>Financial delegate/Authorising officer</b>			
<b>Name</b>			
<b>Position</b>			
<b>Date</b>			
<b>Received /reviewed by regional office on:</b>			



### APPENDIX 3. REPORTING CALENDAR (FINANCIAL YEAR CYCLE)

TEMPLATES	DATA SOURCES	PURPOSE	DUE DATE
<b>Quarter 3</b> <ul style="list-style-type: none"> <li>Service Delivery Summary</li> <li>Service Tracking Report</li> </ul>	Family Records Measure(s) of parent satisfaction Measure(s) of evidence-based program outcomes	Provides overview of programs delivered using Koorie IHS/HBL funding, and the workers who deliver those programs. Documents progress against key indicators and targets.	End of third week of the subsequent quarter
<b>Quarter 4</b> <ul style="list-style-type: none"> <li>Service Delivery Summary</li> <li>Service Tracking Report</li> </ul>	Family Records Measure(s) of parent satisfaction Measure(s) of evidence-based program outcomes	Provides overview of programs delivered using Koorie IHS/HBL funding, and the workers who deliver those programs. Documents progress against key indicators and targets.	End of third week of the subsequent quarter
Financial acquittal form (optional)	Expenditure review (first half of financial year)	Reviews YTD expenditure and identifies any emerging issues	January
<b>Quarter 1</b> <ul style="list-style-type: none"> <li>Service Delivery Summary</li> <li>Service Tracking Report</li> </ul>	Family Records Measure(s) of parent satisfaction Measure(s) of evidence-based program outcomes	Provides overview of programs delivered using Koorie IHS/HBL funding, and the workers who deliver those programs. Documents progress against key indicators and targets.	End of third week of the subsequent quarter
<b>Quarter 2</b> <ul style="list-style-type: none"> <li>Service Delivery Summary</li> <li>Service Tracking Report</li> </ul>	Family Records Measure(s) of parent satisfaction Measure(s) of evidence-based program outcomes	Provides overview of programs delivered using Koorie IHS/HBL funding, and the workers who deliver those programs. Documents progress against key indicators and targets.	End of third week of the subsequent quarter
Financial acquittal form (required)	Financial acquittal (end of financial year)	Fully acquits grant against reported expenditure	31 August

## APPENDIX 4. RECRUITMENT AND COMPETENCIES FOR KOORIE IHS/HBL WORKERS

### Recruitment

ACCOs' existing Aboriginal Employment Strategies will include policies for attracting and retaining Aboriginal staff, which can also apply to the recruitment and professional development of Koorie IHS/HBL workers. There is a preference for identifying the role for an Aboriginal person; however if this is not possible, recruitment should strongly encourage Aboriginal applicants. Funded ACCOs are also strongly encouraged to develop strategies that support the appointment of Aboriginal applicants over the longer term.

In reporting to the Department, ACCOs should be able to demonstrate their efforts to employ an Aboriginal worker. If positions funded by Koorie IHS/HBL are vacant longer than one reporting period (three months), DET regional staff will initiate a conversation with the appropriate ACCO manager to resolve recruitment issues and/or consider strategies for any underspend resulting from the vacanc(ies).

### Key requirements

Consistent with the principle of self-determination and to support the program's credibility, program roles should be filled by qualified Aboriginal applicants where possible.<sup>53</sup> In addition, workers should have:

- Aboriginal community credibility, acceptance and the ability to engage with parents, families and related services in Aboriginal communities.
- Current *Working with Children Check*.
- Qualification(s) – or working towards a qualification<sup>54</sup> – at a minimum Diploma level<sup>55</sup> in one or more of the following fields:

Early childhood/education	Social work/community services	Health
<ul style="list-style-type: none"><li>• Early Childhood</li><li>• Early Childhood Teaching</li><li>• Early Childhood Education</li><li>• Special Education</li><li>• Children's Services</li><li>• Early Childhood Education and Care</li><li>• Child Care</li></ul>	<ul style="list-style-type: none"><li>• Social Work</li><li>• Social Welfare</li><li>• Family/Parent Support</li><li>• Community Services</li></ul>	<ul style="list-style-type: none"><li>• MCH/Registered Nurse</li><li>• Child Psychology</li><li>• Health Worker</li></ul>

### Key competencies

The worker should be able to demonstrate that they meet key selection criteria including, but not limited to, the following:

- assessing parenting skills
- developing and implementing Family Support Plans (or similar)
- ability to network and link with other services
- demonstrated understanding of child development and wellbeing
- experience working with Aboriginal families and credibility in the local community.

<sup>53</sup> Definitions of classifications in the ACCHO Award state that, for Aboriginal Health Workers and Administrative staff, it is "desirable that staff have Aboriginal knowledge and cultural skills." *Aboriginal Community Controlled Health Services Award 2010, consolidated modern award incorporating all amendments up to and including 4 December 2017*.

<sup>54</sup> 'Working towards' an appropriate qualification means that the worker should have enrolled in and started the course of study within six months of commencing the position, ideally sooner.

<sup>55</sup> In a recent audit of the Victorian family services workforce, most surveyed workers held positions requiring a Diploma level or above qualification (Department of Health and Human Services, *Family Services Workforce Survey*, June 2017).

To assist in the development of position descriptions, the following lists of relevant knowledge, skills and accountabilities can be used as a guide.

**Knowledge** – demonstrated knowledge and/or understanding of:

- parenting approaches in Aboriginal culture to ensure quality outcomes for both parents and children
- strengths-based, family partnership approach to practice
- reflective practice, including a proactive approach to identifying one's own professional development needs
- local early childhood and family support service systems to support parents in accessing appropriate services
- service responses and interventions that can positively impact on a child's development and assist in promoting changes in child behaviour
- outreach services in community settings, such as home based family services
- stages of early childhood learning and development to enable the planning and implementation of appropriate learning and development activities for young children<sup>56</sup>
- how to apply the practice principles and outcomes of the Victorian Early Years Learning and Development Framework (the VEYLDF).

**Skills** – ability to:

- develop relationships with referral sources to ensure effective referral pathways for eligible families, and work with professionals at related services to ensure best outcomes for families
- utilise well-developed engagement, communication and consultation skills to assess families' needs and encourage their ongoing participation in Koorie IHS/HBL, including those that may be hesitant to engage
- communicate respectfully and effectively with families using language they understand and constructively provide open and honest feedback to families in relation to both strengths and deficits in their parenting skills/practices
- support and advocate positive parenting and behaviour guidance strategies, including parent interaction with their children's early learning experiences
- undertake transition planning with families to link them into relevant early years and other services
- support parents to complete questionnaires and surveys used to measure program outcomes
- maintain accurate records and data as required by the ACCO and its funding body and comply with all reporting requirements.

**If relevant** – depending upon programs being delivered:

- facilitate group-based programs (e.g. supported playgroups, parenting groups, etc.)
- respond in a timely and appropriate way to group dynamics and individual issues
- participate in professional development and training required by the program being delivered.

### **Supporting the development of workers**

If a worker does not currently hold a relevant qualification, their coach/supervisor will play a key role in reflective practice and mentoring to support their work with parents and children.

Because Koorie IHS/HBL workers often have multiple functions across the ACCO, their professional development will also benefit the organisation as a whole.

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<sup>56</sup> Note: a comprehensive understanding of child development is a core competency required of workers funded by the Victorian Department of Health and Human Services (e.g. Cradle to Kinder practitioners) so that they can support families to provide an environment enabling their child to reach their full potential (*Victorian Cradle to Kinder and Aboriginal Cradle to Kinder Practice Guide, 2013*).