

Aboriginal Early Years Health
VACCHO Scoping Project Report
zero to eight years of age



VACCHO

Produced by VACCHO Aboriginal Early Years Sub-Committee

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Victorian Aboriginal Community Controlled Health Organisation

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Abbreviations and Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
AEDI	Australian Early Development Index
AFDM	Aboriginal Family Decision Making Program
DEECD	Department of Education and Early Childhood Development (Vic)
DEEWR	Department of Education, Employment and Workplace Relations (then, Federal)
DoHA	Department of Health and Ageing (then, Federal)
FaHCSIA	Department of Families, Housing, Community Service and Indigenous Affairs
IHS	In-Home Support
KMS	Koori Maternity Service
MACS	Multifunctional Aboriginal Children’s Services
MCH	Maternal and Child Health
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NDMB	New Directions: Mothers and Babies Services
SNAICC	Secretariat of National Aboriginal and Islander Child Care
VAAF	Victorian Aboriginal Affairs Framework
VACCA	Victorian Aboriginal Child Care Agency
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VACSAL	Victorian Aboriginal Community Services Association Ltd
VAEAI	Victorian Aboriginal Education Association Inc.

Terminology

In keeping with the National Aboriginal Community Controlled Health Organisation’s convention, the word “Aboriginal” is used instead of “Indigenous” and the word Aboriginal is intended to be inclusive of Aboriginal and Torres Strait Islander Peoples. However, the language of published reports and quotations has not been altered.

1. Executive Summary

Early Years Scoping Project

The VACCHO Early Years Scoping Project (hereinafter referred to as the Project) was undertaken between September 2012 and April 2013. The aims of the project were to: scope current government policies or strategies relevant to Aboriginal early years (zero-eight years of age) health and organisational and workforce development needs to meet these strategies or policies targets. The Project was the initiative of the VACCHO Early Years Committee.

Background

There are around 1300 Aboriginal babies born each year in Victoria, and this number is expected to continue to grow. In 2011, there were 8,101 Aboriginal children aged 0 – 8 years living in Victoria. These children reside in rural and regional areas and half in urban areas. The ABS data also indicate that population growth in the Aboriginal early years between Censuses was not uniform across Victoria, with high growth rates in Greater Bendigo, Mildura, Wodonga, Campaspe, Greater Shepparton, Melton, Wyndham, Swan Hill and Whittlesea.

Many Aboriginal children are getting a good start in life.¹ However, Aboriginal children face more challenges than the non-Aboriginal population. Aboriginal children in Victoria are more likely than non-Aboriginal children to: live in one parent households; experience discrimination and racism in their daily life; have oral health and hearing problems; be subject to substantiated abuse, neglect or harm; and be on a care and protection order. Aboriginal children in Victoria are also less likely to attend maternal and child health services and participate in childcare and kindergarten, than non-Aboriginal children.² Koolin Balit notes that “The scope and nature of issues faced by vulnerable Aboriginal children and families require specific attention”.³

Project Methods

The Project involved: (i) an examination of the Commonwealth and Victorian governments’ policies, (ii) mapping early years services which address the targets outlined in the national partnerships agreements and key plans, (iii) review of population and health data, (iv) programs and services (v) consultations with staff responsible for early years programs in VACCHO member services about organisational and workforce needs.

¹ DEECD. *The state of Victoria’s children 2009: Aboriginal children and young people in Victoria 2009*. p. 2.

² *ibid*

³ Department of Health. *Koolin Balit*. p. 21.

Findings

(i) Policies and Strategies

The Victorian Government, together with the Commonwealth has committed to a series of National Partnership Agreements relating to Aboriginal health. These include specific commitments to improving outcomes for Aboriginal infants and children. The key Partnership Agreements are: National Indigenous Reform Agreement (Closing the Gap), National Partnership Agreement on Preventative Health and the National Partnership Agreement on Indigenous Early Childhood Development. In July 2013, the Commonwealth Government released the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP). The NATSIHP is “an evidence-based policy framework to guide policies and programs to improve Aboriginal and Torres Strait Islander health over the next decade until 2023”. The plan includes a number of early years targets.

The Victorian Aboriginal Affairs Framework (VAAF) 2013–2018: Building for the future: a plan for ‘Closing the Gap’ in Victoria by 2031. The VAAF includes 6 strategic areas for action, including SAA1: Maternal and early childhood health and development. The health of mothers and babies during pregnancy and in early childhood can have a significant and far reaching effect on children’s survival, development and wellbeing well into adult years. Within Victoria, there are two key strategies related to improving outcomes in the Aboriginal early years. Firstly the Koolin Balit: Victorian Government strategic directions for Aboriginal health (2012–2022) which sets out the Victorian Government’s strategic directions for Aboriginal health. The document states that the Department of Health together with Aboriginal communities, other parts of government and service providers have responsibility for achieving the health outcomes for Aboriginal Victorians. Balert Boorron: The Victorian Plan for Aboriginal Children and Young People (2010–2020), sets out the Victorian government’s commitments and aspirations to close the gap across a range of health and education outcomes.

(ii) The Service System

The service system for early years is complex. Responsibility for management and oversight of early years programs is spread across three Victorian Government departments (the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development) and three Commonwealth Government departments (the Department of Education, Employment and Workplace Relations, the Department of Health and Ageing, and the Department of Families, Housing, Community Services and Indigenous Affairs). The programs include universal and Aboriginal specific services.

(iii) Population and Health Data

There are an estimated 10,913 Aboriginal children aged zero to eight years of age in Victorian with approximately 1300 Aboriginal babies born each year. The main health issues these infants and children face relate to: birth weight, bottle feeding, early introduction of solids, nutrition, dental health, ear problems and access to universal services. Parents of Aboriginal children experience elevated rates of poverty, adverse social circumstances including inferior access to employment and education qualifications, mental health issues and parenting skills in supporting child health.

(iv) Programs and Services

A variety of programs and services exist in the area of early years. These include Aboriginal specific services, universal services and Aboriginal initiatives within mainstream services. Most ACCHOs in Victoria are funded for only one or two early years health programs.

(v) VACCHO Member Needs

Four key themes emerged from the discussions with VACCHO members about how the health outcomes for Aboriginal early years health could be improved.

1. Improving parent and carers' skills in developing health of children
2. The crisis work with the small number of very vulnerable and complex families takes up significant resources of ACCHOs, and at times this makes it difficult for organisations to support the larger cohort of families who need a degree of support, or who would benefit from early intervention.
3. Concerns about the continued lower participation by Aboriginal families in maternal and child health, childcare and kindergarten services. Specifically, VACCHO members noted that there was a need to improve the cultural safety of these services.
4. The lower socio-economic status and higher levels of poverty in the Aboriginal community was seen as a barrier to improving nutrition, physical activity and healthy lifestyles.

(vi) Workforce and Training

The early years workforce in Victoria's ACCHOs is characterised by a relatively small pool of staff. The Project found that there are likely to be around 100-150 staff at any one time working across health and education for maternity care, infants and early childhood (this does not include child welfare workers). There is a high turnover of staff and managers, and all ACCHOs indicated the difficulty of retaining staff in early years programs. This work force includes nurses, early childhood workers, Aboriginal Health Workers, Midwives, trainees and Aboriginal community members working towards a formal qualification i.e. Cert III or IV in Aboriginal Primary Health.

The consultations undertaken for the Project suggest that VACCHO members are happy with the training provided at VACCHO, although many would like to see an increase in training available. In addition, staff working in the early years programs also access regular professional development through VAEAI, VACSAL and SNAICC, as well as the organisation's own training.

VACCHO members consulted for the project identified the following training needs for the Aboriginal early years workforce:

- Ongoing access to training, professional development and access to training leading to a formal qualification
- Ongoing professional development for qualified health / education professionals to build their knowledge and expertise in culturally appropriate and safe service provision.

- Culturally relevant training in how to develop, run and evaluate culturally appropriate and effective health promotion activities which successfully engage families and create behaviour change.
- Culturally relevant training on how to engage and retain vulnerable (and difficult to engage) families in programs and activities.

Conclusion

Improving the health and wellbeing of Aboriginal children in the early years is a priority for governments across Australia. Improvements are being achieved, but there is still a lot of work to be done, if Aboriginal children are to have the same health, wellbeing and welfare outcomes as non-Aboriginal children. The majority of Aboriginal Community Controlled Health Organisations in Victoria receive some funding to deliver programs and services to improve early years outcomes in their community. In many areas the funding received is ad hoc and insufficient, and ACCHOs are struggling to provide the early intervention, health promotion, oral health and parenting support programs they know will address the health, wellbeing and welfare needs of the children in their community.

Recommendations

Recommendation One

Improve partnerships between ACCHOs and mainstream services delivering early years health, such as, maternal and child health services, maternity services, school health programs (including key health areas of nutrition, dental, immunisation, ear health, parenting skills in supporting children's health, parental mental health, children's mental health).

Recommendation Two

Improve cultural safety and engagement of Aboriginal people in mainstream early years services, such as, maternity services, Maternal and Child Health and School health programs, including transparent regular reporting on participation and outcomes from existing data sets.

Recommendation Three

Establish a state-wide early years position to co-ordinate activities associated with recommendations one and two.

Recommendation Four

Increase engagement and coordination between relevant Government departments and Aboriginal peak bodies (VACCA, VACSAL, VAEAI, SNAICC and VACCHO) in relation to the health of children in Aboriginal Communities across Victoria. This includes population data linkage and comprehensive collection and collation of Victorian Aboriginal data.

2. Introduction and Background

The role of VACCHO is to build the capacity of its member ACCHOs and to advocate for issues on their behalf. Capacity is built among members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas including early years. VACCHO advocates for the health of Aboriginal individuals, families and communities across Victoria, VACCHO seeks to prevent illness and to promote the health of all Aboriginal people so that they can achieve their potential.

Currently VACCHO receives one source of funding from the Department of Health that specifically focusses on supporting Aboriginal early years health. This funding is to support delivery of the Koori Maternity Services Strategy. Other VACCHO programs also engage in the early years health space supporting workforces in mainstream and ACCHOs with skills, knowledge, resources, partnership support and advocacy, in areas such as nutrition, sexual health, smoking cessation, hospital programs, cultural safety and other training and research.

Due to an increased interest and demand by mainstream and ACCHO services for support and resources for early years health, VACCHO formed an Aboriginal Early Years Committee. The purpose of this group is to enhance cross-program information sharing and collaboration within VACCHO and to progress strategic priorities in the area of early years. The sub-committee recommended the engagement of a consultant to scope current Government policies and strategies relevant to Aboriginal early years and identify organisational and workforce development needs to meet identified targets.⁴

3. Project Methods

The Early Years Scoping Project (hereinafter referred to as the Project) was commissioned by VACCHO in late 2012. The Project was initiated as part of VACCHO's commitment to building evidence to support policy and practice change. The Project was undertaken between September 2012 and April 2013 and focused on the health of Aboriginal children aged zero to eight years of age. The Project aims were to scope current Government policies and strategies relevant to Aboriginal early years health and identify organisational and workforce development needs to meet identified targets of these policies or strategies. The Project was conducted by Juliet Frizzell, and managed by the VACCHO Early Years Sub Committee.

⁴ Thorpe, Browne & Myers 2012, *Feeding our Future*.

The Project involved:

- An examination of the Commonwealth and Victorian governments' policies, in particular: the *National Partnership Agreement on Indigenous Early Childhood*, *Koolin Balit: Victorian Government strategic directions for Aboriginal health (2012–2022)*, *Balart Boorron: The Victorian Plan for Aboriginal Children and Young People (2010–2020)*, and the *Victorian Aboriginal Affairs Framework (VAAF) 2013–2018: Building for the future: a plan for 'Closing the Gap' in Victoria by 2031*.
- Mapping early years services which address the targets outlined in the national partnership agreements and key plans.
- A review of demographic data related to the Aboriginal early years cohort in Victoria, including the *Aboriginal and Torres Strait Islander Peoples (Indigenous Profile) 2011 Census of Population and Housing*, *Australian Bureau of Statistics Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026* and *The state of Victoria's children 2009: Aboriginal children and young people in Victoria*.
- A review of key reports and documents including the *Koori Maternity Services Developmental Review: Final Report (February 2012)*, *Feeding our Future - Aboriginal Early Childhood Nutrition and Physical Activity Needs Assessment Report (2013)*, *Indigenous Early Childhood Development National Partnership Agreement First annual report on health performance indicators*, and *Victoria's Closing the Gap in Aboriginal Health Outcomes Initiative Evaluation interim reports prepared by Urbis Pty Ltd*.
- Consultations with 34 staff in 20 VACCHO member organisations responsible for early years programs and services. As project resources were limited, consultations were targeted at senior staff and managers working in the early years. Specifically, informants were nine Chief Executive Officers, ten Medical/Health Service Co-ordinators, six Family Services Managers, four Child Services managers, three Aboriginal Health Workers and two Finance Managers. The structured interview template used can be found in Appendix 1.
- Consultations with the VACCHO Early Years Sub-committee, and VACCHO staff.

Consultations were also held with other stakeholders including the Department of Health⁵, the Department of Education and Early Childhood Development, and the Victorian Aboriginal Education Association Inc. (VAEAI).

⁵ The Victorian Government undertook a significant restructuring and redundancy program during the project, and as a result it was at times difficult to secure interviews with key stakeholders.

4. Findings

4.1 Policies and Strategies

The Victorian Government, together with the Commonwealth and all state governments have committed to a series of National Partnership Agreements relating to Aboriginal health. These include specific commitments to improving health outcomes for Aboriginal infants and children. The key Partnership Agreements are:

- National Partnership Agreement on Preventative Health.
- National Indigenous Reform Agreement (Closing the Gap).
- National Partnership Agreement on Indigenous Early Childhood Development. The Agreement sets out the parties' commitment to achieving the following outcomes:
 - Indigenous children are born and remain healthy.
 - Indigenous children have the same health outcomes as non-Indigenous children.
 - Indigenous children acquire the basic skills for life and learning.
 - Indigenous families have ready access to suitable culturally inclusive early childhood and family support services.

Specific outcomes:

- Increased proportion of Indigenous children participating in quality early childhood education and development, and child care services.
- Increased proportion of Indigenous people using parent and family support services.
- Increased proportion of Indigenous children's child health checks completed each year.
- Increased proportion of Indigenous children who are fully vaccinated each year.
- Increased proportion of pregnant Indigenous women aged under 20 years with an antenatal contact in the first trimester of pregnancy each year.
- Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs each year.

In July 2013, the Commonwealth Government released the *National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)* to "Guide its [the Commonwealth Government's] efforts to improve Aboriginal and Torres Strait Islander health and achieve the Closing the Gap targets through focusing on the key areas that will make the most impact on improving Aboriginal and Torres Strait Islander people's health and wellbeing outcomes."

The NATSIHP goals include two which are specific to the early years. They are:

- Aboriginal and Torres Strait Islander mothers and babies get the best possible care and support for a good start to life.
- Aboriginal and Torres Strait Islander children have long, healthy lives, meeting key childhood developmental milestones.

Public reporting on the Australian Government's progress in meeting the NATSIHP policy objectives will occur through two mechanisms:

- A high-level annual report to the Australian Parliament.
- Detailed bi-annual reporting through the *Aboriginal and Torres Strait Islander Health Performance Framework*.⁶

Within Victoria, the key strategies related to improving outcomes in the early years are:

Koolin Balit: Victorian Government strategic directions for Aboriginal health (2012–2022), which sets out the Victorian Government's strategic directions for Aboriginal health. The key priorities relevant to early years are outlined in Priority 1: A healthy start to life, and Priority 2: Healthy Childhood. The targets (referred to as aims) are to:

- Reduce the rate of Aboriginal perinatal mortality.
- Decrease the percentage of Aboriginal babies with a low birth weight.
- Reduce smoking in pregnancy by mothers of Aboriginal babies.
- Increase breastfeeding rates for mothers of Aboriginal babies.
- Increase the proportion of Aboriginal children attending Maternal and Child Health Services at key age milestones.
- Reduce the proportion of Aboriginal children and young people living in households with a current daily smoker.
- Improve the oral and nutritional health of Aboriginal children and increase their physical activity
- Improve ear health to ensure it does not provide a barrier to educational achievement.

The document states that the Department of Health together with Aboriginal communities, other parts of government, and service providers, have responsibility for achieving these health and survival outcomes for Aboriginal Victorians.

⁶ Unfortunately, due to limitations in the veracity, completeness and availability of Victorian data, much of the data presented in the Aboriginal and Torres Strait Islander Health Performance Framework Report 2012 to measure key indicators is national.

Victorian Education Strategy for Koori Students (also known as the Wannik Education Strategy) has the overarching principle to deliver the best possible education to Victoria's Koori students. The Wannik Education Strategy promises significant changes at all levels of the education system. These changes are a necessary response to the disparity in educational outcomes between Koori and non-Koori students. The strategy proposes to:

- Reform the government school system's education of Koori students.
- Support greater student engagement.
- Provide more literacy and numeracy support.
- Provide support and encouragement for high-achieving students.
- Expand and develop the Koori support workforce.
- Renew our focus on parental engagement.
- Share responsibility appropriately across government.

Balert Boorron: The Victorian Plan for Aboriginal Children and Young People (2010–2020), which sets out the Victorian government's commitments and aspirations to close the gap across a range of health and education outcomes. The targets related to the early years are:

- Reduce smoking in pregnancy by Indigenous mothers to a rate of 20 per cent by 2018 (to 14 per cent by 2023).
- Reduce the Indigenous perinatal mortality rate to no more than 10 per 1000 births by 2018 (no gap by 2023).
- Reduce the percentage of Indigenous babies with birth weight below 2500 grams to 12 per cent by 2018 (to 7 per cent by 2023).
- Parents will be capable, confident and supported.
- At least halve the gap between Indigenous and non-Indigenous children participating in maternal and child health key age and stage visits by 2013.
- Reduce the rate of Indigenous child protection substantiations to 34 per 1000 children by 2018 (17 per 1000 by 2023).
- Young children have opportunities to learn and thrive.
- Increase the percentage of Indigenous 3-year-old children participating in funded kindergarten programs to 75 per cent by 2013.
- Close the gap between Indigenous and non-Indigenous 4-year-old children participating in funded kindergarten programs by 2013.

It is not clear what the status of *Balert Boorron* is. While not explicitly stated, it appears that *Koolin Balert* and the *VAAF* are the key documents driving Victorian Government action.

The *Victorian Aboriginal Affairs Framework (VAAF) 2013–2018: Building for the future: a plan for 'Closing the Gap' in Victoria by 2031*. The VAAF includes six (6) strategic areas for action, including SAA1: Maternal and early childhood health and development. The health of mothers and babies during pregnancy and in early childhood can have a significant and far reaching effect on children's survival, development and wellbeing well into adult years. VAAF sets out: Headline Indicators, Targets and Other Measures to be Reported. The early years targets are:

- By 2023, close the gap in the perinatal mortality rate.
- By 2023, close the gap between Aboriginal and non-Aboriginal babies with a birth weight below 2500 grams.
- By 2014, the gap between Aboriginal and non-Aboriginal 4 year old children having access to a high quality kindergarten program will be closed.
- By 2023, the gap in the rate of Aboriginal and non-Aboriginal child protection substantiations will be reduced by 75%.

Reporting on the targets in the VAAF occurs annually through the tabling of the Victorian Government Aboriginal Affairs Report in Parliament.

The *Victorian Public Health and Wellbeing Plan 2011-2015*, which aims to improve the health and wellbeing of all Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and all levels of government. The *Victorian Public Health and Wellbeing Plan 2011-2015* identified Early Childhood as a key priority area. The Plan identifies a number of strategies which will contribute to achieving the Plan's aims. They are:

- The Victorian Healthy Eating Advisory Service, support for early childhood and education settings to implement their relevant nutrition policies, such as school canteen policies, and provide and promote healthier foods.
- Local prevention teams in selected communities, including healthy children positions that will provide support to early childhood and education settings to participate in health promotion in partnership with their local community.
- A range of Healthy Living Programs in selected communities to provide opportunities for parents and families to engage in local community activities and access state-of-the-art information and resources for promoting good health.
- Tailored community education and social marketing initiative that engages parents, families and the broader community in preventive health.
- Support for health-promoting approaches in other family and children's settings including recreation facilities and junior sport for example: promoting healthy eating in sporting events such as Auskick and promoting mental health through partnerships such as Beyond Blue.
- Support to strengthen the universal Maternal and Child Health Service platform through a continued focus on quality provision of service.

- Promote and support breastfeeding practice through a range of supportive social and educational initiatives.
- Support for the ongoing work of the Victorian Child and Adolescent Monitoring System (VCAMS).
- Strengthen the Victorian child surveillance of impact measures such as overweight/ obesity, physical activity and healthy eating to better support and inform policy.
- The Victorian Prevention and Health Promotion Achievement Program to support developing good practice for schools, early childhood settings and other children's settings to work towards meeting relevant benchmarks in health promotion achievement which will include healthy schools, childcare settings, workers/workplaces and communities.
- New health promotion guidelines for children and young people to establish best practice for promoting the physical health and social and emotional development of children and young people.

While there is no specific reference to Aboriginal children, in the Early Childhood section of the Plan, the Plan makes reference to:

- Working with key partners to increase opportunities for timely immunisation of Aboriginal and Torres Strait Islander children and increase uptake in areas of low coverage.
- Developing healthy eating and nutrition approaches for Victoria and support the implementation of the Victorian Aboriginal nutrition and physical activity strategy 2009–2014 in order to achieve a secure, accessible and sustainable supply of healthy food choices for all Victorians to consume and enjoy.
- Investigating a comprehensive statewide approach to promote physical activity and support the implementation of the Victorian Aboriginal nutrition and physical activity strategy 2009–2014.
- Supporting anti-smoking initiatives and provision of quit smoking services, as well as action to reduce smoking in the key target groups of pregnant smokers and Aboriginal smokers.

The following table maps the key foci of each of the key plans listed above.

Wannick	Victorian Aboriginal Affairs	Balart Boorron	Koolin Balit	NATSIHP	Indigenous Early Childhood National Partnership
				X	X
	X	X	X		
	X	X	X	X	
		X	X	X	X
			X	X	X
			X	X	
		X	X	X	
			X	X	
			X		
	X		X	X	
		X		X	X
X					

4.2 Population and Health Data

Early years population data

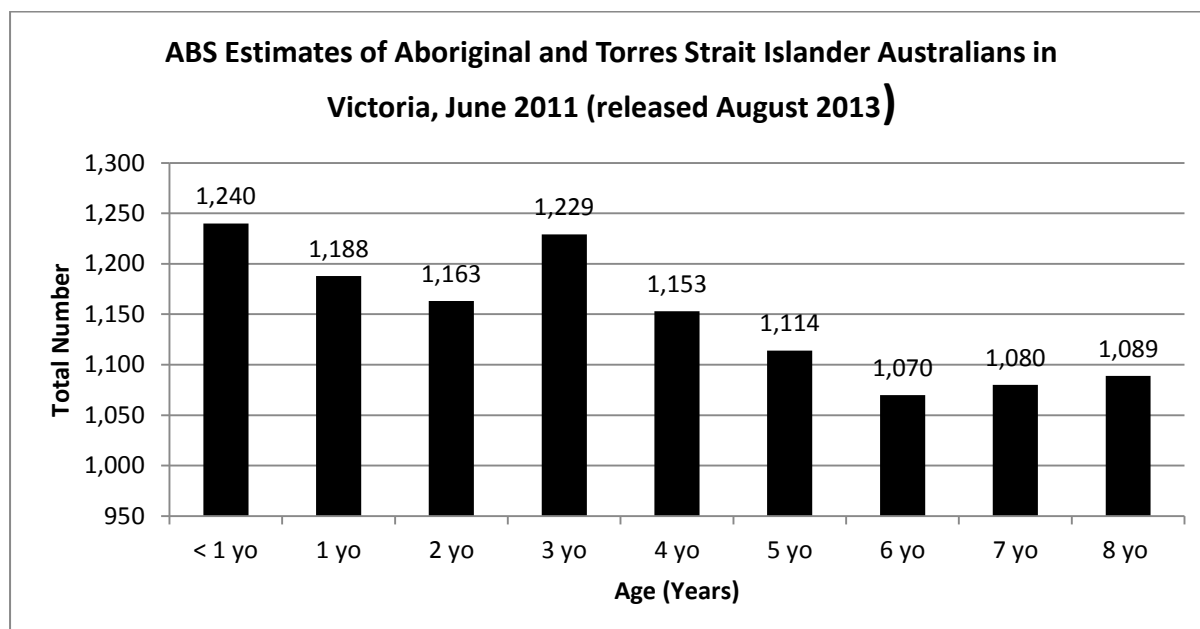
Victoria's Aboriginal population in 2011 was 47,327, an increase of 41% since the 2006 Census. This is the highest inter-Census growth rate in Australia (except for the ACT) and can be attributed to the high birth rate, more people identifying as Aboriginal, improved data collection and migration, and possibly increased survival.

The Aboriginal population is younger than the non-Aboriginal population and is growing at a faster rate. Approximately 1300 new babies are born each year in Victoria and this number is expected to continue to grow. There has been significant under-ascertainment of Aboriginal births in Victoria.⁷

Rates of early years population growth varies across Victoria:

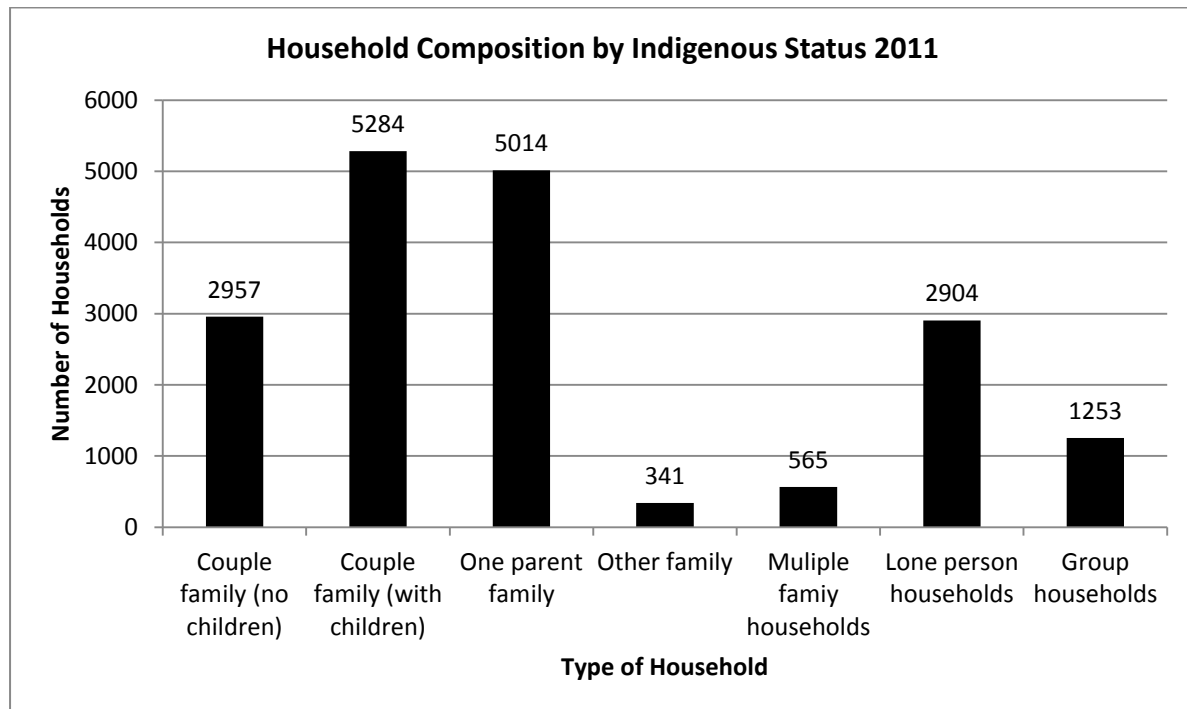
- High rates of growth (in the cohort 0-4 years of age) in number and percentages in the local government areas of: Greater Bendigo, Mildura, Wodonga, Campaspe, Greater Shepparton, Melton, Wyndham, Swan Hill and Whittlesea.
- High growth areas (but with small numbers) in the local government areas of Moorabool, Surf Coast, Corangamite, and Alpine.

Population estimates released by ABS in August 2013 indicate that the number of Aboriginal children aged 0 to 8 years in Victoria is higher than initially published by the 2011 census, with the total number of children in this cohort being 10,326 (below).



⁷ Prof. Jane Freemantle. *The Birth Report: Victorian Child Mortality Study*.

On average, Aboriginal women give birth at a younger age than non-Aboriginal women. Aboriginal women have five times more likely than other Victorian women to become mothers under the age of 21 years.⁸ The graph below illustrates ABS 2011 Census of Population and Housing data. In summary, 29% of Aboriginal households were couples with children; 27% were one parent families; and 3% lived as multiple family households.



Early Years Health Data

There are well documented problems with the quality and availability of data about Aboriginal health issues. These limitations include the quality of data on all key health measures including mortality and morbidity, uncertainty about the size and composition of the Aboriginal population and a paucity of available data on other health-related issues such as access to health services.⁹ The Australian and Victorian Governments are working with the AIHW and other key stakeholders to address weaknesses in the Victorian data sets including weaknesses in the Victorian Perinatal Data Collection and data on antenatal care.¹⁰

A key concern in Victoria is that births of Aboriginal children are not being accurately recorded, and the number of Aboriginal children born (especially to Aboriginal fathers) is not being linked to infant and child deaths. This will impact on Victoria’s ability to track or achieve the COAG target for “halving the infant mortality rates by 2018”.

⁸ Thorpe, Browne & Myers 2012. *Feeding our Future*. p 11.

⁹ Department of Health and Ageing. *Aboriginal and Torres Strait Islander Health Performance Framework Report 2012*. p 183.

¹⁰ *ibid*. p 191.

VACCHO is currently advocating to resolve this issue and to report on the 25 years of missing, incomplete or unavailable data. Importantly, VACCHO is pressing the Victorian government to urgently improve systems to record and regularly report on births and child deaths.

The Victorian Child and Adolescent Monitoring System has recently made Victorian data publicly available through the VCAMS Portal (www.education.vic.au/vcams).

Previously published data relevant to the early years in Victoria are presented below.

- Aboriginal parents have decreased access to employment and educational qualifications compared to non-Aboriginal parents.¹¹
- The risk of perinatal and neonatal mortality is 2-3 times higher for Aboriginal babies compared to non-Aboriginal babies.¹²
- The incidence of low birth weight amongst babies born to Aboriginal women remains double that of babies born to non-Aboriginal mothers in Victoria. Approximately 12.5% of Victorian Aboriginal babies born in 2007 weighed less than 2,500 grams, and therefore were at risk of poorer physical and cognitive development.¹³
- Breastfeeding is one of the most important health behaviours impacting on the survival, growth, development and health of infants and young children. Victorian Aboriginal breastfeeding rates are slightly higher than for National Aboriginal breastfeeding rates.¹⁴ Despite this, Aboriginal breastfeeding rates remain lower than for non-Aboriginal. In 2010, the Australian National Infant Feeding Survey found that 59% of Aboriginal infants and 61% of non-Aboriginal infants less than one month of age were exclusively breastfed. At less than 3 months, 33% of Aboriginal infants were exclusively breastfed compared to 48% of non-Aboriginal infants. At less than 6 months, 7% of Aboriginal infants were exclusively breastfed compared to 16% of non-Aboriginal infants.¹⁵
- In 2010, the Australian National Infant Feeding Survey found 31% of Aboriginal infants aged three months had received soft, semi-solid or solid food in the last 24 hours compared to 9% of non-Aboriginal infants. By the time infants reached 5 months, similar proportions of both groups had been given soft, semi-solid or solid food (70%).
- Aboriginal children experience reliance on sweet drinks and bottles, takeaway and snack foods.¹⁶

¹¹ DEECD. *Koori Strategy Data Pack* (2013)

¹² DEECD. *The state of Victoria's children 2009: Aboriginal children and young people in Victoria*.

¹³ *ibid*

¹⁴ Department of Health and Ageing. *Aboriginal and Torres Strait Islander Health Performance Framework Report 2012*. p 114.

¹⁵ *ibid* p 113.

¹⁶ Thorpe, Browne & Myers 2012 *Feeding our Future*. p 5.

- Aboriginal families access Maternal and Child Health Service (MCH) Services less than non-Aboriginal families. The participation rates for the MCH Key Ages and Stages visits are high at Home Consultation and fall thereafter. The participation rate for Aboriginal children has risen more recently, for the 12 months, 18 months and 3.5 Years visits.¹⁷
- Due to a variety of social determinants, Aboriginal children experience more health problems than non-Aboriginal children, notably middle ear infections, malnutrition and exposure to cigarette smoke.^{18,19}
- Immunisation rates for Aboriginal children are very high and only slightly lower than for non-Aboriginal children.²⁰
- Oral health is a significant issue for Aboriginal children in Victoria with a much higher incidence of decayed, missing and filled teeth than non-Aboriginal children.²¹ This issue was raised as a major concern during the consultations with VACCHO members.
- Food insecurity is another life stressor and barrier to good health for Aboriginal families. In one Victorian study, 32 of 63 (51%) Aboriginal parents and carers had run out of food and could not afford to buy more on one or more occasions during the previous 12 months. The Victorian Population Health Survey found that food insecurity is experienced by Aboriginal people at a rate three times higher than non-Aboriginal Victorians.²²
- Aboriginal children had lower participation in Kindergarten, but the gap is closing. The participation rate for Indigenous 4 year old children has risen since 2007 (to 73% in 2012), but this is still below the peak of 78% in 2002 (a factor critical to school readiness). Aboriginal children's enrolments in kindergarten are highly concentrated compared to schools. Eleven (11) kindergarten services in Victoria have a total of 184 Aboriginal children enrolled, representing 25% of the cohort. Aboriginal children living in the western metropolitan region of Melbourne had a kindergarten participation rate 42%, compared to 73% for Aboriginal children Victoria wide, and 97.9% for all 4 year old children.²³
- Aboriginal children experience risk factors at home including exposure to alcohol and drug problems; witnessing family violence; witnessing abuse to a parent; mental illness (14-17% of Aboriginal children), and less commonly, child abuse (4.8%), or gambling problems (2.7%).²⁴
- Compared to non-Aboriginal children, Aboriginal children (and young people) have almost twice the rate of need for assistance with core activities (2.9% compared to 1.6%).²⁵

¹⁷ DEECD. *Koori Strategy Data Pack* (2013)

¹⁸ Department of Health. *Strategic directions on Aboriginal health: Addressing the Victorian targets.*

¹⁹ DEECD. *The state of Victoria's children 2009: Aboriginal children and young people in Victoria.*

²⁰ *ibid*

²¹ *ibid*

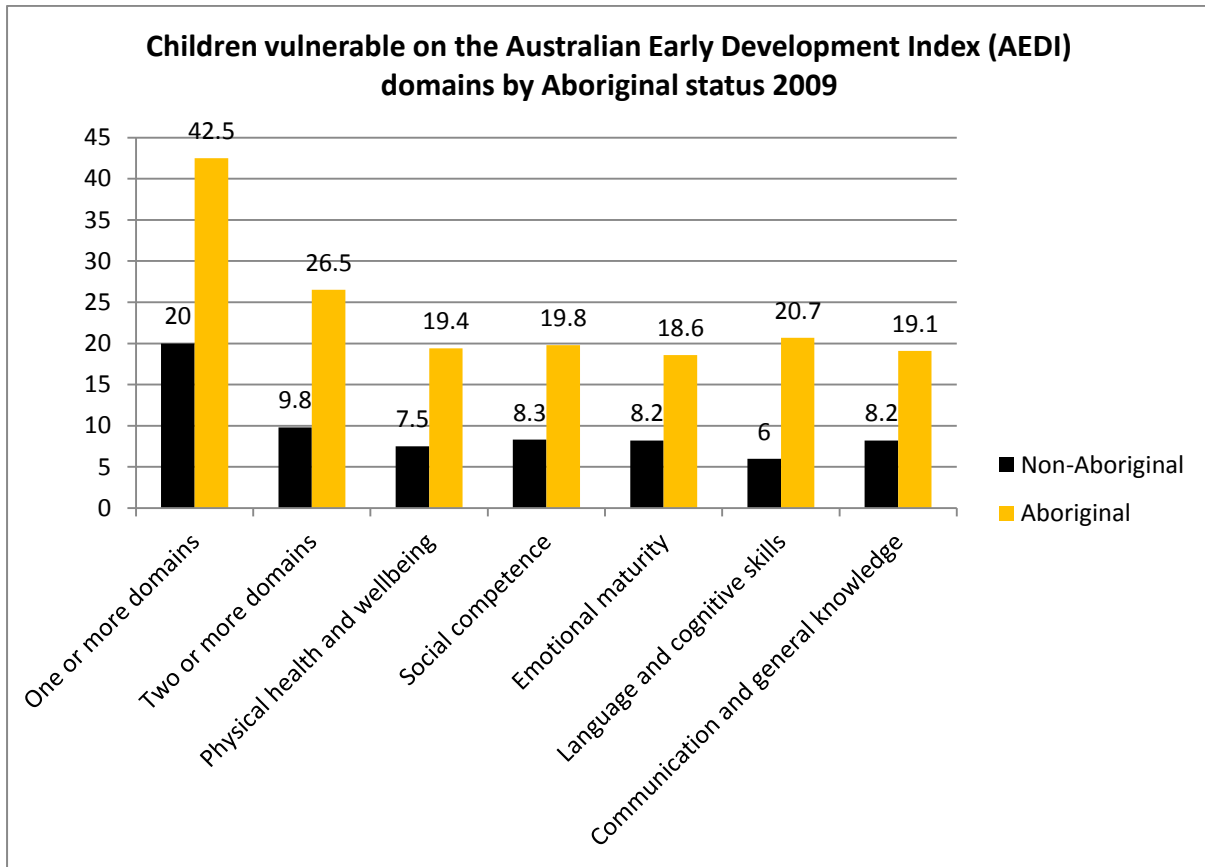
²² Thorpe, Browne & Myers 2012 *Feeding our Future.*

²³ DEECD. *Koori Strategy Data Pack* (2013).

²⁴ *ibid*

²⁵ DEECD. *The state of Victoria's children 2009: Aboriginal children and young people in Victoria.*

- Compared to non-Aboriginal children, Aboriginal children have 2½ times the rate of vulnerability on 2 or more domains of the Australian Early Development Index (AEDI) domains, as shown in the diagram below. Aboriginal prep students are more developmentally vulnerable than their peers on every EADI domain.²⁶



Source: DEECD Koori Strategy Data Pack (2013).

- Aboriginal children experience higher rates of undetected or poorly treated health issues before entering school, which can contribute to lower levels of language acquisition.²⁷
- Families with the greatest need are least likely to be accessing services that could identify and address developmental issues prior to school. Children at high risk are more likely than other children to use specialised services. However, the majority of them did not use these services before they entered school and service use rates are lower for Indigenous children. This means that these children's developmental/behavioral problems have not been detected or addressed before school entry.²⁸

²⁶ DEECD. *Koori Strategy Data Pack* (2013).

²⁷ *ibid*

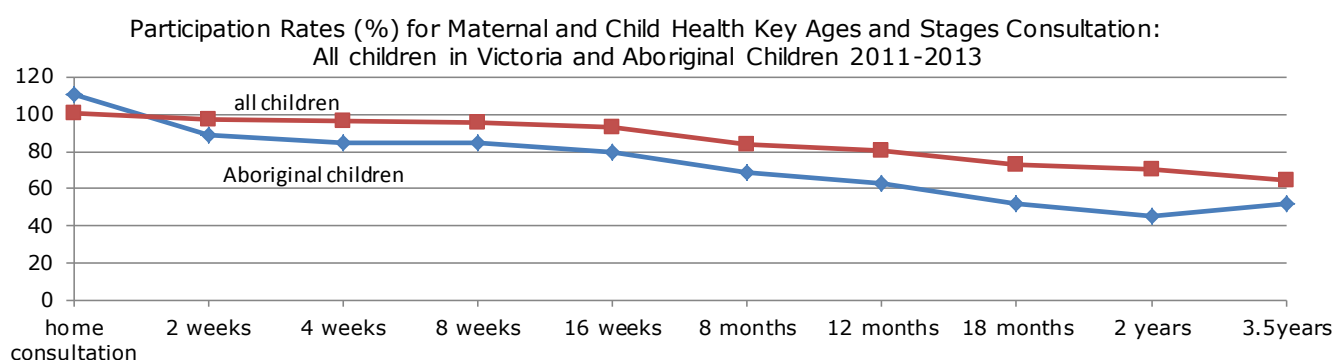
²⁸ DEECD. *Koori Strategy Data Pack* (2013).

The table below provides an overview of participation in the Key Ages and Stages Checks delivered by MCH Services, for Aboriginal and all children by region.²⁹

Participation Rates (%) for Maternal and Child Health Key Ages and Stages Consultation: All children in Victoria and Aboriginal Children 2011-2013

Region	Cohort of Children	Home consultation	2 weeks	4 weeks	8 weeks	4 months	8 months	12 months	18 months	2 years	3.5 years
Barwon Sth Western	Aboriginal	102.7	93.7	89.2	91.9	87.4	64.5	67.3	72.2	45.4	53.7
	All	99.1	97.3	95.8	95.8	92.7	84.6	82.1	73.6	72.4	66.3
Eastern Metro	Aboriginal	104.8	103.2	96.8	90.3	80.6	83.2	63.7	47.8	54.8	45.0
	All	101.1	98.7	99.1	97.8	95.4	88.9	87.6	80.4	78.0	68.0
Gippsland	Aboriginal	98.2	89.5	95.6	93.9	78.1	77.7	71.4	64.8	63.1	93.0
	All	100.5	97.0	95.7	94.5	92.9	81.5	79.2	64.8	65.1	66.4
Grampians	Aboriginal	103.4	87.9	79.3	75.9	77.6	79.1	72.9	48.5	43.1	48.3
	All	99.9	96.2	95.7	94.0	93.7	86.6	85.0	80.1	77.2	74.5
Hume	Aboriginal	100.0	87.8	77.7	80.4	77.7	69.8	55.0	45.8	43.7	55.1
	All	99.1	94.8	95.1	93.5	92.3	81.6	77.9	69.6	70.4	70.6
Loddon Mallee	Aboriginal	99.0	83.9	81.3	82.8	76.0	53.5	58.0	44.4	33.1	48.7
	All	97.5	93.3	94.3	93.2	90.7	79.7	78.2	67.3	64.9	64.4
Northern Metro	Aboriginal	103.7	84.1	81.3	73.8	76.6	70.6	65.1	47.2	45.3	46.5
	All	101.4	97.7	97.3	95.6	93.5	85.6	80.6	72.9	70.2	64.2
Southern Metro	Aboriginal	102.3	95.4	92.3	92.3	94.6	81.6	66.0	53.9	5.0	51.4
	All	100.8	98.5	96.5	95.5	93.6	85.5	83.5	75.6	74.1	66.3
Western Metro	Aboriginal	96.8	85.1	71.3	81.9	64.9	53.3	53.3	48.9	39.8	34.5
	All	99.2	94.6	94.5	93.6	88.9	76.3	71.5	63.6	58.4	52.8
Total for	Aboriginal	110.8	89.2	84.5	84.9	79.5	68.5	62.7	51.6	45.4	51.6
Victoria	All	100.3	97.0	96.4	95.2	92.7	83.7	80.7	72.6	70.3	64.4

The graph below (from the table above) indicates a gap between Aboriginal and other children in accessing consultations with MCH Nurses.



²⁹ Maternal and Child Health Services Annual Report (2011-2012) p. 9

Two recent reports shed light on the impact of the National Partnership Agreements and Victorian government action to improve the health outcomes of Aboriginal children. They are the *Indigenous Early Childhood Development National Partnership Agreement: first annual report on health performance indicators (2013)* prepared by the AIHW, and the Victorian Government's *Aboriginal Affairs Report (2012)*.

The *State of Victoria's Children 2011*³⁰ report provides the baseline information against which impacts of the *Victorian Public Health and Wellbeing Plan 2011-2015* will be assessed. Reporting on the key plans described above show that to date there has been mixed success in improving outcomes for Aboriginal children. For example, the first annual report on the health indicators in the *Indigenous Early Childhood Development National Partnership Agreement* and the *Victorian Government Aboriginal Affairs Report (2012)* found "areas of improvement" and "areas which are a cause for concern" in the health of Aboriginal children and mothers.

Unfortunately, limitations in Victoria data sets mean that much of the data presented in the first annual *Aboriginal and Torres Strait Islander Health Performance Framework Report 2012* to measure key indicators are national. This report found areas of improvement in health indicators of Aboriginal children and mothers nationally, including:

- A 46% decline in infant mortality for Indigenous infants from 2001 to 2010, and a 74% narrowing of the gap between mortality rates for Indigenous and non-Indigenous infants.
- A 7% decline in the proportion of low birthweight babies born to Indigenous mothers between 2000 and 2009 and a significant narrowing of the gap between low birthweight babies born to Indigenous and non-Indigenous mothers.
- An 84% decline in rates of syphilis among Indigenous teenagers between 1994–96 and 2009–11 and a significant narrowing of the gap between rates of syphilis among Indigenous and non-Indigenous teenagers.
- A significant increase in the proportion of Indigenous mothers who attended antenatal care at an ACCHO in the first trimester in one jurisdiction (South Australia) between 2007 and 2009 and a significant narrowing of the gap between Indigenous and non-Indigenous mothers for that indicator.
- A significant decline in the proportion of Indigenous mothers who smoked during pregnancy in one jurisdiction (Tasmania) between 2007 and 2009.

³⁰ DEECD produced Annual State of Victoria's Children Reports between 2006 and 2011. It is not clear when the next report will be published

However there are a number of findings which are a cause for concern, including:

- Lower rates of antenatal care in the first trimester of pregnancy for Indigenous mothers compared to non-Indigenous mothers (although this does not consider mothers commencing antenatal care at hospitals, which often occurs).
- High rates of smoking during pregnancy among Indigenous mothers (52%, or almost 4 times the rate for non-Indigenous mothers).
- Rates of syphilis, chlamydia and gonorrhoea that are much higher among Indigenous teenagers compared to non-Indigenous teenagers.
- Low birthweight is 2.5 times more common among babies born to Indigenous mothers than among babies born to non-Indigenous mothers.
- Infant mortality rates are twice as high for Indigenous infants as for non-Indigenous infants.

The *Victorian Government Aboriginal Affairs Report (2012)* found that across the four headline indicators and other measures, data suggest mixed improvement:

- The perinatal mortality rate increased for Aboriginal babies, although the small number of births can contribute to year-to-year fluctuations. Similarly, low birth weight babies in Aboriginal communities continue.
- Rates of Aboriginal children enrolled in three and four year old kindergarten increased, but remains lower than for non-Aboriginal children. In 2012 DEECD commenced work on an integrated Aboriginal education strategy that includes early childhood development.
- Proportionally, Aboriginal children are more likely to be exposed to neglect and/or abuse than non-Aboriginal Victorian children and are proportionally more likely to be placed in out-of-home care. In 2011-12, Aboriginal child protection substantiations grew to 963 in Victoria –, the highest number in the last 10 years. At a rate of 62.5 per 1000 Aboriginal children, this continues to be almost 10 times higher than the rate for non-Aboriginal children in Victoria (6.4 per 1000 children) and significantly higher than the national Aboriginal rate. A number of initiatives, including reforms stemming from the report of the Protecting Victoria's Vulnerable Children Inquiry, will directly benefit Aboriginal children and families. Further, Victoria's now has its first Commissioner for Children and Young People.
- During 2011-12 the number of Aboriginal children accessing Maternal and Child Health Services increased across all key age consultations, and while a gap remains, there is a general trend of positive improvement for this measure.³¹

³¹ *Victorian Government. Aboriginal Affairs Report (2012).*

4.3 Programs and Services

The early years service system is complex. Responsibility for management and oversight of early years programs is spread across three Victorian Government Departments (Health, Human Services, Education and Early Childhood Development) and three Commonwealth Government Departments (Education, Employment, Workplace Relations, Families, Housing, Community Services and Indigenous Affairs, Health and Ageing). Many of the VACCHO member organisations received funding from all, or most, of these departments.

Early Years Programs

The early years service system is complex.

There are a range of programs and services, which are identified by governments as contributing to improving health outcomes in the early years for Aboriginal children. They include:

- Universal Early Years Services
- Aboriginal Specific Early Years Services
- Healthy Lifestyle Programs
- Mainstream Early Years Programs Targeting Aboriginal Children

A brief overview of each service type is provided below.

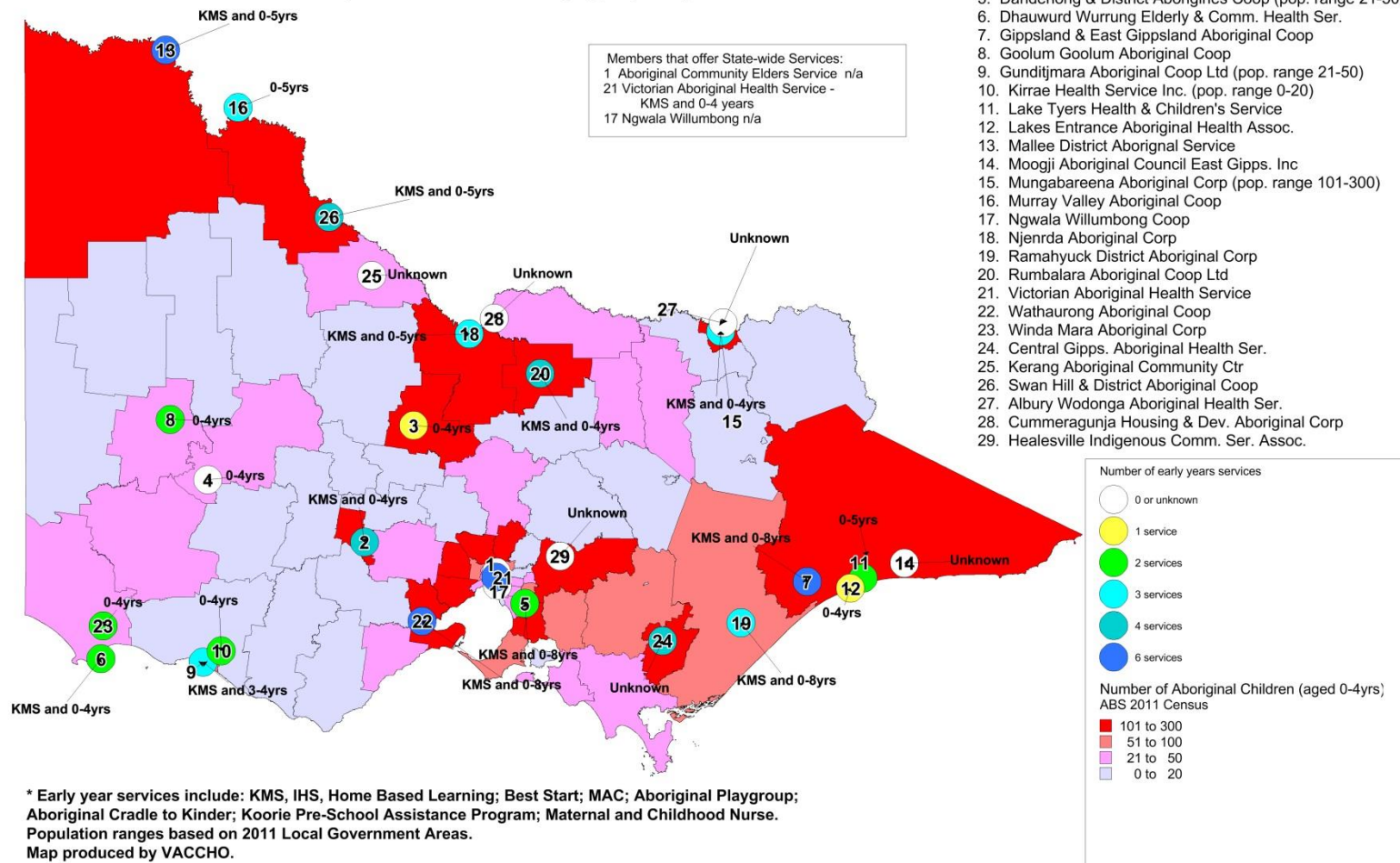
Aboriginal Specific Early Years Services

Aboriginal specific services including: the Koori Maternity Service (KMS), In-Home Support (IHS), Aboriginal Playgroups, the Multifunctional Aboriginal Children's Services (MACS), Aboriginal Best Start, New Directions Mothers and Babies Services, Healthy for Life, Aboriginal Cradle to Kinder, and the Indigenous Kindergarten Program (Koori Engagement Support Officers and Koori Preschool Assistants).

VACCHO member organisations receive funding to deliver one or more of the services described above, the map below shows that most VACCHO member organisations have at most funding for six specific early years services. The Map also provides an overview of VACCHO member organisations relative to population distribution of Aboriginal children aged 0-4 from the 2011 Census (which is now understood to have under-counted by around 50%).

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Member Services

Populations of Aboriginal Children aged 0 to 4 years by Local Govt Area and the Number of Early Year services and the age groups they cater for.



* Early year services include: KMS, IHS, Home Based Learning; Best Start; MAC; Aboriginal Playgroup; Aboriginal Cradle to Kinder; Koorie Pre-School Assistance Program; Maternal and Childhood Nurse. Population ranges based on 2011 Local Government Areas. Map produced by VACCHO.

*Australian Bureau of Statistics 2011 census, place of usual residence. This survey is now known to have specifically under-counted Aboriginal people.



Koori Maternity Service (KMS)

The KMS program funded by the Department of Health is provided through eleven (11) Aboriginal Community Controlled Health Services and two (3) hospitals across Victoria. KMS provides continuity of care from antenatal through birthing and postnatal care, including the transition to Maternal and Child Health services and other support services.

The KMS sites are: Gunditjmara Aboriginal Co-operative (Warrnambool), Victorian Aboriginal Health Service (Fitzroy), Njernda Aboriginal Corporation (Echuca), Gippsland and East Gippsland Aboriginal Co-operative (Bairnsdale), Ramahyuck's Nindedana Quarenook (Morwell), Dandenong and District Aboriginal Cooperative Ltd (Dandenong), Wathaurong Aboriginal Health Service (Geelong), Mungabareena Aboriginal Corporation (Wodonga), Mallee District Aboriginal Services (Mildura), Rumbalara Aboriginal Co-operative (Mooroopna), Mallee District Aboriginal Services (Swan Hill).

Western Health, Northern Health (Epping) and Peninsula Health (Frankston) are funded by the Department of Health to deliver KMS with support from VACCHO (despite their not being members of VACCHO). The Western Health service operates out of the Sunshine Hospital, St Albans site.

In 2010 it was found that around 40% of Aboriginal women giving birth across the state are currently supported by the KMS program.³²

In Home Support

The In Home Support program supports parents with children, from birth to three years of age, to build parental capacity to better support the health, development, learning, wellbeing and safety of their children.

There are six ACCHO sites delivering the In Home Support program across Victoria. They are: Mildura Aboriginal Co-operative (Mildura), Wathaurong Aboriginal Co-operative (Geelong), Gippsland and East Gippsland Aboriginal Co-operative (Bairnsdale), Victorian Aboriginal Health Service (Fitzroy), Mallee District Aboriginal Services (Swan Hill) and Rumbalara Aboriginal Co-operative (Mooroopna).

Aboriginal Home Based Learning

The Aboriginal Home Based Learning program operates as an extension of the Aboriginal In Home Support Program. The Home Based Learning program assists Aboriginal families to provide positive home learning environments for young children, aged 3-5 years, and supports parents as the primary educators of their children in the home in order to maximise the chances of successful kindergarten and early school experiences.

The program provides adjustment to schooling preparation and assistance to Aboriginal children and families to complement kindergarten using the In Home Support/Home Based Learning programs curriculum framework. There are currently three Home Based Learning programs, based at the ACCHOs in Bairnsdale, Mildura, and Swan Hill.

³² Department of Health. *Koori Maternity Services Developmental Review*. p vii.

Multifunctional Aboriginal Children's Services

Aboriginal Children's Services (MACS) are funded to meet the educational, social and developmental needs of Aboriginal children. MACS provide long day care services and at least one other form of child care or activity, such as outside school hours care, kindergarten, play groups, nutrition programs and/or parenting programs to the community based on local needs. The target group for MACS is pre-school children, from 6 months to 5 years of age. There are six (6) MACs funded in Victoria, of which four are run by an ACCHO and two are independently run. The MACS are:

- Lulla's MACS in Shepparton, which is independent.
- Yappera Children's Services in Thornbury, Melbourne, which is independent.
- Bung Yarnda MACS in Lake Tyers, run by Lake Tyers Health and Children's Service.
- Berrimba MACS in Echuca, run by Njernda Aboriginal Co-op.
- Gunai Lidji MACS in Morwell, run by Nindedana Quararook, a branch of Ramahyuck District Aboriginal Corporation.
- Robinvale MACS in Robinvale, run by Murray Valley Aboriginal Co-op.

The Indigenous Professional Support Unit (IPSU) is a program funded by the Department of Education, Employment and Workplace Relations (DEEWR) to deliver services under the Inclusion and Professional Support Program (IPSP) to support MACS and Playgroups. In Victoria, VAELI is responsible for the coordination and delivery of the IPSU to the six Multifunctional Aboriginal Children's Services (MACS) and five Koori Playgroups Victoria. The IPSU involves:

- Providing support and training to management and employees of Indigenous BBF funded services.
- Support to raise cultural competence of mainstream early childhood services.
- Developing and reviewing the IPSU State Plan.
- Communication and promotion activities.
- Networking and collaborating with the early childhood service sector, community and government.
- Participation in national IPSU forums and alliance meetings and in IPSU alliance activities.
- Participation in, and Co-operation with, data collection, performance monitoring, compliance and evaluation activities.

Aboriginal Playgroups

Aboriginal Playgroups provide parents, grandparents and caregivers with opportunities to share ideas and experiences while their children interact and further develop their social skills through play. Supported playgroups provide additional assistance for vulnerable families in areas such as parenting, health, safety and wellbeing. There are five Aboriginal Playgroups funded in Victoria:

- Lulla's Playgroup in Shepparton.
- Black Cockatoos Playgroup at Goolum Goolum Aboriginal Co-operative in Horsham.
- Milla Milla Playgroup at Wathaurong Aboriginal Co-operative in Geelong.
- Hamilton and Heywood Playgroup at Winda Mara Aboriginal Co-operative.
- The Koori Playgroup at Ballarat and District Aboriginal Co-operative.

Aboriginal Children and Family Centres

Victoria has established two Aboriginal Children and Family Centres under the COAG National Partnership Agreement on Indigenous Early Childhood Development. These are the Bubup Wilam Early Learning Children and Family Centre in Thomastown in the City of Whittlesea, and Dala Yaroo in Bairnsdale, East Gippsland Shire.

The centres provide a mix of early childhood and family support services, including long day care, kindergarten for three and four-year-old Aboriginal children, visiting professionals such as maternal and child health nurses, counselors, midwives and other programs including In Home Support, Koori Early Childhood Field Officers and Early Childhood Intervention Services.

Aboriginal Best Start

Best Start is a prevention and early intervention project that aims to improve the health, development, learning and wellbeing of all Victorian children from conception through to transition to school (usually 0-8 years old). The Best Start approach is to strengthen the local capacity of parents, families and communities and early years services to better provide for the needs of all young children and their families. There are 30 Best Start sites, six of which are Aboriginal Best Start sites.

The Aboriginal Best Start projects have been established to ensure that local Aboriginal communities and organisations are given every possible opportunity to influence outcomes for their children and families. Many Aboriginal children experience multiple factors that place their health and wellbeing and their psychosocial development at risk. These projects are designed to empower communities and families and develop broad cross-sectoral partnerships across all early years services to improve outcomes for Aboriginal children and their families.

All Best Start sites are expected to develop partnerships with their local Aboriginal communities and implement strategies that are culturally relevant and respectful of the needs and aspirations of Aboriginal communities. The Aboriginal Best Start Status Report underpins the direction of Aboriginal Best Start. The report brings together Aboriginal

cultural beliefs, knowledge about the key elements of child development and the factors that impact on Aboriginal children reaching their full potential.

The New Directions: Mothers and Babies Services (NDMB)

The New Directions: Mothers and Babies Services (NDMB) program aims to increase access to child and maternal health care for Aboriginal families. It provides Aboriginal children and their mothers with access to antenatal care; standard information about baby care; practical advice and assistance with breast-feeding, nutrition and parenting; monitoring of developmental milestones, immunisation status and infections; and health checks for Indigenous children before starting school. The NDMB is funded by the Commonwealth Governments, and forms part of the Commonwealth's contribution to Element Three of the Indigenous Early Childhood National Partnership Agreement.

Four million dollars was allocated to Victoria, and four organisations are funded to deliver the NDMB service: Murray Valley Aboriginal Co-op, Bendigo and District Aboriginal Co-op, Ballarat and District Co-op and Mercy Hospital for Women.

Healthy for Life Program

The Healthy for Life program is an Australian Government program which seeks to improve the health of Aboriginal peoples. It aims to improve the quality of life for people with a chronic condition and, over time, reduce the incidence of adult chronic disease. The objectives of Healthy for Life include improving the availability of child and maternal health care, leading to long-term health maintenance.

Koori Engagement Support Officers (KESOs)

Koori Engagement Support Officers (KESOs) are employed by the Department of Education and Early Childhood Development to support Aboriginal families in accessing the broad range of services and supports which they need to ensure the best start in life for Aboriginal children from birth through to the time they complete school. They provide advice and practical support to services that provide funded kindergarten programs. They assist them in delivering programs that are respectful of cultural beliefs and practices for Koori children, such as:

- Increase and enhance the participation of Koori children in kindergarten.
- Promote the values of kindergarten programs within Koori families and communities.
- Promote cultural awareness and provide access to resources for all kindergarten programs.
- Liaise between Koori families and kindergarten programs.
- Support the Koori Preschool Assistants' program.

The Koori Preschool Assistants Program (KPSA)

The Koori Preschool Assistants Program (KPSA) program is supported by community-based organisations. Koori Preschool Assistants work with kindergarten programs to:

- Enhance the access and participation of Koori children in Kindergarten programs.
- Promote and assist in the delivery of Koori inclusive programs.
- Provide information and support to Koori families and communities.
- Support the attendance of Koori children in kindergarten programs.
- Encourage the involvement and participation of Koori parents, families and carers in the development of kindergarten programs.
- Assist in the development of kindergarten programs that embrace Koori culture.

Healthy Lifestyle Workers

The Australian Government is funding the rollout of a national network of healthy lifestyle workers to reduce the lifestyle risk factors that contribute to preventable chronic disease in Aboriginal communities.

The healthy lifestyle workers will work to improve nutrition and physical activity for individuals, families and communities. These are non-clinical positions.

There are a number of positions funded in Victoria:

- 2 workers at the Dandenong and District Aborigines Co-operative.
- 2 workers at Mallee District Aboriginal Services
- 2 workers at the Victorian Aboriginal Health Service (VAHS)
- 1.5 full-time equivalent positions in Barwon-South Western region.

It is worth noting that the Healthy Lifestyle Workers are not specifically funded to work with children, but may have an impact on the health and wellbeing of Aboriginal children through supporting their parents to make healthy lifestyle choices.

Universal Early Years Services

Universal services include Maternal and Child Health Nurses, Medicare's Healthy Kids Check³³, and Kindergarten.

Maternal and Child Health Services

The Maternal and Child Health Service (MCH) is a universal primary care service for Victorian families with children from birth to school age. The service provides a comprehensive and focused approach for the promotion, prevention, early detection, and intervention of the physical, emotional or social factors affecting young children and their families in contemporary communities.

There are two service types available:

- The Universal MCH service, which supports families in the areas of parenting, health and development, promotion of health, wellbeing and safety, social supports, referrals and linking with local communities. The Universal service offers ten free Key Ages and Stages consultations.
- The Enhanced MCH Service, which responds to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors. This service is provided in addition to the suite of services offered through the universal MCH service. It provides a more intensive level of support, including short term case management in some circumstances.

Kindergarten

Victorian kindergarten policy seeks to integrate early childhood education and care. On this basis, kindergarten funding is provided in a range of settings, including long day care and integrated children's centres. Kindergarten is planned and delivered by an early childhood teacher.

The Victorian Government provides a per capita grant as a contribution to the cost of a kindergarten program. Per capita funding supports the provision of a 10 hour a week kindergarten program for children in the year prior to school.

In 2007/08 the Government announced free kindergarten to eligible three year old Aboriginal children with a health care card. In January 2009, the Government extended this initiative to provide free kindergarten of up to ten hours per week for all three and four year old Aboriginal children.

Healthy Kids Check

Funded through Medicare, the aim of the Healthy Kids Check is to improve the health and wellbeing of Australian children. The Healthy Kids Check promotes early detection of lifestyle risk factors, as well as delayed development and illness, and provides the opportunity to introduce guidance for healthy lifestyles and early intervention strategies. The Healthy Kids Check is an assessment of a child's physical health, general well-being

³³ Healthy Kids Check is for children who are aged at least 3 years and less than 5 years of age, who have received or who are receiving their 4 year old immunisation.

and development, with the purpose of initiating medical interventions as appropriate. Examinations and assessments include:

- height and weight (plot and interpret growth curve and calculate BMI)
- eyesight
- hearing
- oral health (teeth and gums)
- toileting
- allergies

Data show that in Victoria 2,367 children (aged 0-4 years) completed a Healthy Kids Check between July 2012 and June 2013. A breakdown of the number and/or percentage of Aboriginal children was not available.

The NACCHO *Healthy for Life: ACCHO Report Card* notes "we need more work to increase the uptake of health checks among children"³⁴

Other services include: Maternal and Child Health Line, Parentline, and Schools.

Mainstream Early Years Programs Targeting Aboriginal Children

Mainstream programs including: Supported Playgroups, Cradle to Kinder, the Prevention and Health Promotion Achievement Program, all of which target Aboriginal families and children in the early years.

Supported Playgroups & Parent Initiative (SPPI)

SPPI is a Victorian government funded program that aims to engage disadvantaged and vulnerable families and provide quality play opportunities for children at a critical time in their development. Twenty-nine (29) municipalities receive funding from the Victorian Department of Education and Early Childhood Development to establish playgroups to meet the needs of children and families who might otherwise miss out.

The target group for SPPI is:

- Aboriginal children and their families and/or carers.
- Culturally and linguistically diverse children and their families or carers.
- Disadvantaged families with complex needs.
- Children and families affected by disability.

SPPI is open to families with children aged 0 to school age.

³⁴ NACCHO *Healthy for Life: ACCHO Report Card*. P 4.

Cradle to Kinder

The Cradle to Kinder program provides a whole-of-family service response in the form of antenatal support and postnatal intensive and longer term interventions and case work support, until the child reaches four years of age. This program aims to build the capacity of parents to not only provide for their children's health, safety and development, but also to build the parents' self-reliance and sustainability through access to education and vocational training and employment during this period.

The Cradle to Kinder program brings together a strong case work response to the underlying areas of concern associated with the family's vulnerability, with the provision of intensive and specialized early parenting support to strengthen the relationship between the parent/s and their child/ren and assist parents to meet the health, development, safety and wellbeing needs of their infants and young children. The program will provide a combination of individual and group, centre/community and home based interventions and supports.

Prevention and Health Promotion Achievement Program

The Achievement Program is a Healthy Together Victoria initiative supporting the development of healthy environments for learning, working and living in:

- Schools and early childhood education and care services.
- Workplaces and workforces.
- Local communities.

The Achievement Program provides members with guidelines, resources and supports to create healthier environments and recognises the achievements of those who are improving health and wellbeing in their community. Currently, no VACCHO members are part of the Achievement Program.

Other Services

Child and Family Welfare Services

In addition to the specific health and education programs targeting Aboriginal children, the Department of Human Services in Victoria funds a range of child and family welfare services, including Aboriginal specific services. The Aboriginal specific services are set out below.

Aboriginal Child Specialist Advice and Support Services

The Aboriginal Child Specialist Advice and Support Service (ACSASS) provides specialist advice and case consultation to Child Protection regarding an Aboriginal perspective in the assessment of risk, and case planning, and culturally appropriate intervention for reports of abuse or neglect of Aboriginal children. Child protection workers are required to consult with ACSASS at the point a report is received regarding an Aboriginal child and regarding all significant case decisions thereafter, across all phases of child protection intervention. VACCA (Lakidjeka) and the Mallee District Aboriginal Services (Mildura) are funded to deliver ACSASS.

Aboriginal Family Services

There are two components of the Aboriginal Family Services' activity, the Aboriginal Family Decision Making Program (AFDM) and the Aboriginal Family Restoration and Preservation Program.

AFDM is an approach to decision-making and planning for Aboriginal children subject to child protection intervention where abuse has been substantiated. AFDM is guided by cultural tradition, actively involves the child's family and Aboriginal community and is grounded in a partnership between the regional Department of Human Services Child Protection Services and the local Aboriginal community.

Significant preparatory work with family members occurs prior to the decision-making meeting which is co-chaired by the Department of Human Services convenor and an Aboriginal community convenor and attended by the family and community elders. Aboriginal Family Decision Making has as its primary goal the safety and wellbeing of Aboriginal children and young people who are at risk of abuse and neglect.

The Aboriginal Family Preservation Program services work intensively with families over a period of up to 12 weeks, who have been referred by Child Protection with the aim of family preservation or reunification. The program provides an intensive, short-term service aimed at strengthening the ability of families to protect and care for their children, thereby preventing the need for placement in out-of-home care. Where it has been necessary for a child or young person to be placed away from the family home, the program works to facilitate reunification.

Aboriginal Therapeutic Home-based Care

Aboriginal therapeutic home based care provides enhanced therapeutic care for Aboriginal children and young people in foster and kinship care placements through the enhanced capacity of care teams and staff to deliver a trauma-informed therapeutic response.

Kinship Care

The Kinship care program provides temporary short term or long term out-of-home care services for children and young people known to the carer through a familial relationship or social network, who are unable to live with their families due to issues of abuse, neglect or family complexity.

Kinship care services are offered through both mainstream and Aboriginal community controlled organisations.

4.4 VACCHO member needs

All VACCHO members were approached to participate in the Project. While all member organisations indicated their interest in participating in the project, two agencies were unable to participate due to staff changes and/or workload pressures etc.

The task of consulting the VACCHO members was greater than first anticipated. Due to the increasing complexity of the service system, management responsibility for early years programs was often spread across managers in ACCHOs. For example, in a number of the ACCHOs a Health Service Manager and a Family Services Manager share responsibility for early years services. The comments below reflect the views of those consulted.

Four key themes emerged from the consultations:

Parenting and Engagement

Concern about level of parenting skills and a lack of engagement by many families with their children in regard to health, was consistently expressed by VACCHO members during the Project consultations. The following quotes were typical:

"Amongst some parents, there is a lack of interest and engagement with children and their health needs"

"We urgently need to increase parents' rates of engagement in services, and improve their understanding of the importance of health checks and healthy lifestyles for their children"

"We need assistance to provide education for parents about healthy lifestyles and their relevance to their children's health"

"Our priority is promoting positive and active parenting"

"The main early years issues facing our community are: poverty, substance abuse, family violence, disengaged parents, low rates of employment and transport"

"The chaotic lifestyles and lack of routine in some families, is having a negative impact on the next generation of children"

"The schools are failing to act on problems with literacy and numeracy in the early years. Promoting children through the grades even though they are not meeting standards"

"We have run parenting programs, but when they finish there is nothing for the mums afterwards. We need something for them to keep going with"

"The KMS delivers to 6 weeks, by which time the mother is well engaged with her worker. The KMS then stops, and mothers are reluctant to engage with maternal and child health. We need a KMS type program to go through to at least 3 years, so we can link mothers into the services their children need"

"There are too few funded Aboriginal Playgroups, leading to disenfranchised young mothers, with little connection with their own community or mainstream services"

"Health outcomes for children would be improved if we could run education sessions for parents in healthy living practices and skills, and assist them to make consequent behaviour change"

"We just need more parenting programs!"

"Parents are blasé and often not active in parenting"

"There is a lack of active parenting e.g. talking and reading to children, taking them for health checks etc. We need funding for programs to promote behaviour change"

"We need to be strengthening and engaging the community around parenting, and supporting the very young mums"

"It would be great if we had the resources to do more early intervention and home visiting"

"Most of our time gets taken up with crisis work"

The majority of people consulted, indicated that there is an urgent need for:

- An expansion of the existing early intervention services such as KMS, IHS, and HBL.

"I think there should be a state-wide forum for KMS and maternal and child health nurses, to improve coordination between the services and heighten awareness of Aboriginal issues amongst the MCH nurses"

- An injection of funding to support ACCHOs deliver culturally appropriate programs and resources with their community to develop of parenting skills and competencies. With a focus on: understanding child development, strategies for engaging with children at all ages and stages, healthy lifestyles, healthy relationships, setting routines etc.

"We need funding to deliver parenting programs and specialist services (something like Tweddle³⁵ provided locally) to provide intensive support to parents who require it"

"Poor health care is practiced by many parents, and unless they change their own habits, they'll never prevent the same problems in their kids"

"We need funding to engage parents in activities, and move away from the view that the Health Service is just a place you go to when you are sick"

- Ongoing funding for health promotion activities such as Koori Kitchens, From Garden to Table, groups etc.

³⁵ The Tweddle Child and Family Health Services is a not for profit early intervention and prevention health service with a focus on families in Victoria's north and west.

"We need funding to establish more playgroups to involve parents and children in healthy activities; provide healthy food and engage the parent in health promotion activities"

"The 'Tucker Talk Tips' Kit and culturally appropriate resource produced by VACCHO are brilliant. We need kits like this to help build parenting skills and confidence"

"We get pathetic amounts of one-off funding to run health promotion groups"

Vulnerable and Complex Families

The crisis work with the small number of very vulnerable and complex families, takes up significant resources of the ACCHOs, and at times this makes it difficult for the organisation to resource and support the larger cohort of families who need "a bit" of support, and/or the families who would benefit from early intervention.

There was consensus that vulnerable families were becoming more complex. The following quotes were typical:

"Vulnerable families are increasingly complex, coming to us for help with a range of welfare, financial, legal and health issues"

"Services are not adequately resourced to manage the high level of complex families in the community – those families which are socially and emotionally dysfunctional, have high rates of mental illness, take up most of our resources"

"The work for our staff is becoming more challenging and complicated"

"Twelve (12) families take up all our resources"

"Two of my staff just spent the last three days supporting a dad (and his four kids) who was in crisis. During that time, they were not available to provide support to other families"

"We applied for Aboriginal Family Support funding and got knocked back. We have to support families from our existing resources"

"We recently had a 14 year old girl turn up here who was about to give birth. She'd been to the local hospital, and they told her not to get out of the car and to go to another hospital. So her partner drove her to the Health Service. We helped her, but we don't have a KMS service, a midwife or any early years funding"

"We know the most vulnerable families are not sending their children to childcare or kindergarten. But we've got no resources to do anything about it"

"We had a mum with 3 daughters approach us recently. It took 6 weeks to get her suitable accommodation, staff spent hours and hours trying to help her"

Access to Universal Services

Concerns about the continued lower participation by Aboriginal families in maternal and child health, childcare and kindergarten services were raised by the ACCHOs consulted. Despite these services being a priority area within the *Indigenous Early Childhood National Partnership Agreement* and the *Victorian Aboriginal Affairs Framework (2013-2018)*. Specifically, VACCHO members noted that there was a need to improve the cultural safety of these services, and to increase direct support for families to assist them to access these services.

The following quotes were typical:

"We don't have a MCH nurse on site, and families are reluctant to access the MCH service provided by Council"

"We need the maternal and child health service to be delivered in our organisation, to ensure care is provided in a culturally sensitive way"

"The absence of children from kindergarten, leads to them being unprepared for school"

"MCH services are not culturally sensitive"

"There is a lack of childcare options in our area, with long waiting lists and attendance pressures on parents. In some ways it is easier for parents just not to get involved"

"We need more advocacy from VACCHO around how not using maternal and child health services and not going to kindergarten impacts on closing the gap"

4.5 Workforce and Training

Workforce

The consultations and mapping identified that the early years workforce in Victoria's ACCHOs is characterized by:

- A relatively small pool of staff. The Project mapping suggests that there are around 100-150 staff at any-one time working across health and early childhood education. In addition, there are likely to be several hundred additional people in the child and family welfare workforce (which was outside the scope of this project).
- A mix of qualified professionals (nurses, early childhood workers, Aboriginal health workers) and Aboriginal community members (with cultural and community knowledge working towards a formal qualification i.e. A Cert III or IV in Aboriginal Primary Health).
- Many staff members are employed and initially work in the early years space without a formal qualification. VACCHO members then support staff to obtain a qualification. The Aboriginal and Torres Strait Islander Primary Health Care

Certificates III and IV, the Diploma in Education (Early Childhood), and Diploma of Children's Services (Early Childhood Education) are the most common qualifications being completed by staff. This feedback is consistent with the findings of *Feeding our Future* which reports that "the workforce within the Aboriginal early years lacks training and suitable educational resources in child nutrition and physical activity".³⁶

"The MCH nurses need training in how to provide care in a culturally sensitive way"

- Early years staff access ongoing professional development through VACCHO, VAEAI, SNAICC and other providers including Playgroup Victoria.
- Qualified staff i.e. nurses, secure professional development opportunities as they arise either via VACCHO, professional bodies, and local TAFEs e.g. Health promotion short course.
- High turnover of staff and managers³⁷. All ACCHOs indicated it was difficult to retain staff in early years programs.

"There is high staff turnover. The work is stressful and then staff go back into their communities and have to deal with conflict and problems. Turnover leads to inconsistency which is bad for clients (community) who have difficulty developing trust with constant personnel changes"

- There was a reported high level of satisfaction and positive feedback about VACCHO training in particular, the short nutrition course, and a number of those consulted indicated that they wanted the Certificate IV in Indigenous Women's and Babies' Health to be run more often.³⁸

While further training and professional development opportunities were a theme emerging from the consultations, there was a sense that VACCHO and others (VAEAI) were moving forward on this issue. With many of those consulting suggesting that concerns about parenting, complex families, and service gaps were a greater priority.

³⁶ Thorpe, Browne & Myers 2012. *Feeding our Future*. p 5.

³⁷ Interestingly, the KMS Review findings differ, in that feedback suggests the retention of staff in this program is relatively stable.

³⁸ Unfortunately, this Certificate was discontinued, but VACCHO plans to offer maternal/child health electives for Aboriginal Health Workers at Certificate IV level.

Training

The consultations undertaken for the Project suggest that VACCHO members are happy with the training available at VACCHO. The following quotes were indicative:

"Our training is sourced from VACCHO. VACCHO training is excellent"

"VACCHO's nutrition training is essential for staff, and it would be good if VACCHO could provide this on-site in order to allow most staff to attend"

"The Certificate III in Indigenous Women's and Babies' Health is not provided frequently enough to meet staff training needs. This is especially an issue as we have high staff turnover"

"Staff are offered the health promotion short course at VACCHO when it is available"

"We need more training, more often in the regions which will make it more accessible for participants and less intensive for organisations"

"The VACCHO training coming up in our region is a first. This is an example of great leadership and innovation, to bring regional organisations together for training in their own area"

Many of those consulted indicated that they would like training to be available more frequently and where possible delivered locally. The following training needs for the Aboriginal Early Years workforce were identified:

- Ongoing access to training, professional development and access to training leading to a formal qualification, for Aboriginal community members working in the early years. This is necessary to build competencies and skills in the early years i.e. child development, nutrition, capacity building parenting skills etc.

"We need more frequent training opportunities. We've had staff on the waiting list for the VACCHO Mothers' and Babies' course for years"

"Our staff need training in how to engage families and change behaviour"

"Training for staff on how to deliver health promotion messages"

"More training for staff in nutrition, healthy life styles and oral health"

- Ongoing professional development for qualified health / education professionals to build their knowledge and expertise in culturally appropriate and safe service provision, including: Aboriginal child rearing practices and principles, strategies for working with Aboriginal families etc.
- Culturally relevant training in 'how to develop, run and evaluate culturally appropriate and effective health promotion activities' which successfully engage families and create behaviour change.

"We need ideas and training on how to engage families, who often don't attend"

"Training in how to run programs, and motivate parents to change their behaviour"

"Education is needed for workers, on how to get health promotion messages out into the community – in such a way that people listen!"

"Training in strategies to get parents to come along and listen"

"Staff need the skills to develop strategies to engage parents with health promotion messages"

- Culturally relevant training on how to engage and retain vulnerable families in programs and activities.

See Appendix 3 for the detail of training needs for each of the early years programs.

5 Conclusion

Improving the health and wellbeing of Aboriginal children in the early years is a priority for governments across Australia. Improvements are being achieved, but there is still a lot of work to be done, if Aboriginal children are to have the same health, wellbeing and welfare outcomes as non-Aboriginal children. The majority of Aboriginal Community Controlled Health Organisations in Victoria receive some funding to deliver programs and services to improve early years outcomes in their community. In many areas the funding received is ad hoc and insufficient, and ACCHOs are struggling to provide the early intervention, health promotion, oral health and parenting support programs they know will address the health, wellbeing and welfare needs of the children in their community.

6. Recommendations

Recommendation One

Improve partnerships between ACCHOs and mainstream services delivering early years health, such as MCH services, maternity services, school health programs (including key health areas of nutrition, dental, immunisation, ear health, parenting skills in supporting children's health, parental mental health, children's mental health).

Recommendation Two

Improve cultural safety and engagement of Aboriginal people in mainstream early years services, such as, maternity services, Maternal and Child Health and School health programs, including transparent regular reporting on participation and outcomes from existing data-sets.

Recommendation Three

Establish a state-wide early years position to co-ordinate activities associated with recommendations one and two.

Recommendation Four

Increase engagement and coordination between relevant Government departments and Aboriginal peak bodies (VACCA, VACSAL, VAEAI, SNAICC and VACCHO) in relation to the health of children in Aboriginal Communities across Victoria. This includes systematic collection, linkage, analysis and publication of Victorian Aboriginal population data.

Appendix One: Interview Template

Name of Organisation:			
Name and Position of person/people interviewed:			
Which of the following services do you provide?	What type of staff (workforce) support this program? <i>e.g. Aboriginal Health Worker, Nurse, unqualified community member, Elders etc.</i>	What (if any) qualifications / are required for each role? What professional development is provided? Who provides the professional development? <i>e.g. VACCHO, PlayGroup Victoria</i>	1. Are nutrition, physical activity and/or healthy lifestyles a focus of this program? If yes, what training or professional development do/have staff received to support them in this role? What training and professional development would you like for staff working in this area?
<input type="checkbox"/> Koori Maternity Service (KMS)			
<input type="checkbox"/> In Home Support			
<input type="checkbox"/> Home Base Learning			
<input type="checkbox"/> Best Start			
<input type="checkbox"/> MAC			
<input type="checkbox"/> Aboriginal Playgroups			
<input type="checkbox"/> Best Start			
<input type="checkbox"/> Aboriginal Cradle to Kinder			
<input type="checkbox"/> Health Life Style Workers			
<input type="checkbox"/> Healthy for Life			
<input type="checkbox"/> Maternal and Child Health Nurse			
<input type="checkbox"/> Maternal and Child Health Nurse (MCH outreach from Council)			
<input type="checkbox"/> Other: <i>e.g. visiting paediatrician</i>			

<p>Do you provide any health promotion activities or groups for families with young children, which have a focus on nutrition, physical activity, healthy eating, oral health etc?</p> <p>What resources / training are provided to support staff running these groups/activities?</p> <p>What resources / training would assist you to provide health promotion activities or groups for families with young children?</p>	
<p>What are the main issues (including service gaps, concerns, problems, areas for improvement) in relation to the “early years” facing your community?</p>	
<p>How could the health outcomes for the Aboriginal children be improved?</p>	
<p>What do you see as the priorities for action by VACCHO in this area?</p>	

Appendix Two:

Mapping of VACCHO Members Early Years Programs

VACCHO Member	Early years services delivered by ACCHOs in Victoria									
	KMS (0-6 weeks)	IHS (0-3 years)	Home Based Learning (0-3 Years)	Best Start (0-8 years)	MACS (0-school age)	Aboriginal Playgroup (funded and unfunded) (0-3 years)	Aboriginal Cradle to Kinder (Ante natal to four years of age)	Healthy for Life	Koori Pre-school assistance program	Employed MCH Nurse (0-3.5 years)
Ballarat & District Aboriginal Co-op						X		X	X	X
Bendigo & District Aboriginal Co-op								X		
Budja Budja Aboriginal Co-op										
Dandenong & District Aborigines Co-op	X			X						
Dhauwurd-Wurrung Elderly Citizen Association	*39					X		X		
Gippsland & East Gippsland Aboriginal Corp	X	X	X	X		X		X		
Goolum Goolum Aboriginal Co-Operative						X		X		
Gunditjmara Aboriginal Co-op	X							X	X	
Kirrae Health Services Inc.						X		X		
Lakes Entrance Aboriginal Health Association								X		
Lake Tyers Health and Children's Service					X			X		
Mallee District Aboriginal Services (Mildura)	X	X	X			X		X		X
Moogji Aboriginal Council (has Boorai Lidj Family Day Care)										

³⁹ DWEC clients can access the KMS at Gunditjmara.

VACCHO Member	Early years services delivered by ACCHOs in Victoria									
	KMS (0-6 we3eks)	IHS (0-3 years)	Home Based Learning (0-3 Years)	Best Start (0-8 years)	MACS (0-school age)	Aboriginal Playgroup (funded and unfunded) (0-3 years)	Aboriginal Cradle to Kinder (Ante natal to four years of age)	Healthy for Life	Koori Pre-school assistance program	Employed MCH Nurse (0-3.5 years)
Mungabareena Aboriginal Corporation	x					x		x		
Murray Valley Aboriginal Co-operative					x			x		x
Nindedana Quarenook (Ramahyuck)	x			x	x	x				
Njernda Aboriginal Co-op	x			x	x					
Ramahyuck District Aboriginal Corp (Sale)	x			x						x
Ramahyuck District Aboriginal Corp (Drouin)						x				
Rumbalara Aboriginal Co-operative	x	x				x		x		
Swan Hill branch of Mallee District Aboriginal Services	x	x	x				x			
Victorian Aboriginal Health Service	x	x				x	x	x		x
Wathaurong Aboriginal Co-op	x	x		x		x	x			x
Winda Mara Aboriginal Co-op						x		x		

- Several ACCHOs have Maternal and Child Health Nurses visiting from their municipal or shire council, depending on local arrangements

Appendix Three: VACCHO Member Training Needs by Early Years Program

Early Years Program	Training Needs
KMS	<ul style="list-style-type: none"> • Healthy lifestyles during pregnancy and the early years • Healthy relationships
In Home Support	<ul style="list-style-type: none"> • How to effectively engage families and change behaviour • Healthy eating on a budget • Healthy relationships
Home Based Learning	<ul style="list-style-type: none"> • Nil
Best Start	<ul style="list-style-type: none"> • How to effectively engage families and change behaviour • Healthy eating on a budget
MACS	<ul style="list-style-type: none"> • How to promote healthy lifestyles to families with young children • Health promotion relevant to the early years
Healthy for Life	<ul style="list-style-type: none"> • Health promotion relevant to the early years • How to effectively engage families and change behaviour • The importance of early intervention and the interface between oral health and diet
Preschool assistants program	<ul style="list-style-type: none"> • Training on how to engage children and parents with health promotion messages • The importance of early intervention and the interface between oral health and diet
Aboriginal Playgroups	<ul style="list-style-type: none"> • Nutrition and healthy eating • How to promote healthy lifestyles to families with young children • How to effectively engage families and change behaviour
Maternal and Child Health	<ul style="list-style-type: none"> • How to work with Aboriginal families and deliver a culturally safe service

