

ATTACHMENT HK 4

This is the attachment marked "**HK 4**" referred to in the witness statement of Harold Rudolph Kirby dated 10th August, 2015.



THE EARLY YEARS SERVICE

Introduction Booklet



Welcome To The Early Years Service

Background

The Early Years Service provides intensive support to Aboriginal children and their families, from pregnancy through to school entry.

The model that informs service delivery is based on the successful MDAS Bumps to Babes and Beyond (BBB) program that involved working with high-risk mothers. Positive outcomes were achieved on a number of key dimensions including:

- The majority of women breast fed upon discharge and over 50% were still feeding at 6 months

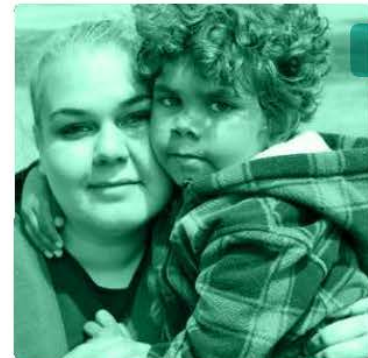
- Expectant mothers regularly attended antenatal sessions
- All babies were immunized and up to date with their Maternal and Child Health Key Ages & Stages checks
- Less violent behaviour in families
- No child protection removals

The program is now expanding so all Aboriginal parents/carers and their babies and children have an opportunity to participate. As a diversity of organisations fund different aspects of the service, a generic name, The Early Years, has been chosen.

Objectives

At its core, The Early Years service seeks to:

- **Nurture the development of a strong connection between mother and baby and other members of the family**
- **Provide intensive support to parents to enable them to confidently carry out their role as their child's first teacher**
- **Ensure everyone's needs are met, especially the physical, social, emotional and developmental needs of mother and baby**
- **Help families realise their strengths and through this, empower them to address their most pressing issues**
- **Create an environment where the whole family, especially mother, baby and young children, feels safe and supported**



Theoretical Framework

The following theories and practice underpin The Early Years Service.

- Attachment Theory
- Intense Case Management
- Family-Centred Practice
- Strength-based Practice
- Relationship-based Approach

A brief summary of each has been provided.

1. Attachment Theory

Attachment theory research indicates that a child must develop a relationship with at least one primary care giver for normal social and emotional development to occur.

*"...the primary care-giving relationship during the first years of life is the primary modulator and influence for infant development."*¹

A child's brain develops rapidly in the first three years of life. Positive interactions during this period correlate strongly with intellectual and language development and are essential in promoting resilience. Securely attached children are happier, feel less anger, form friendships more easily, have higher self-esteem, and are more adept at problem solving.

*"Attachment is the lasting emotional bond that a child forms with a specific person that provides safety, comfort, soothing, and pleasure. Almost all children will develop an attachment but the nature of attachment varies, depending largely upon the care-giving style of their parents. Children who are securely attached are more likely to be resilient under stress, have better relationships, and enter school ready to learn."*²

Practitioners can support and encourage certain mothering and care giving practices, particularly around understanding and responding to baby cues and needs, to

support the development of attachment between mother and baby.

The earlier this starts, the better for both mother and baby. Maternal attachment towards the expectant child is a great predictor of the early mother-infant relationship³.

*"Studies demonstrated that prenatal maternal illustrations of a child and attachment are predictive of postnatal maternal behaviour, postnatal maternal attachment to the infant, and mother-infant interactions and attachment styles after birth"*⁴.

In addition, a woman who feels a strong bond with their unborn baby is more likely to protect themselves against domestic violence, drug and alcohol abuse and other risk taking behaviours. Experience shows a strong connection between mother and baby is often absent with high-risk clients.

¹ Carlson et al., 2003; Crittenden, 2000; Crockenberg & Leerkes et al., 2000; Dolby, 1996; Schore, 2001; Sroufe, 1995

² O'neil 2009

³ Siddiqui, Hägglöf, 2000

⁴ Muller, 1993, Siddiqui, 2000, Leifer 1977, Lawson Turriff-Jonasson, 2006, Fuller, 1990

2. Intensive Case Management

A case manager will partner with each family involved in The Early Years to assist in addressing the complex and diverse issues of mother, baby and the broader family.

Case managers strive to occupy a position of trust with their clients and can be an invaluable support as families navigate the complex web of services they require. Coordinating care involves the active planning and monitoring of the Care Plan as well as playing a role with its implementation. This could include introducing and linking clients to services, advocacy, or in some instances, assisting to broker and/or purchase services⁵. During the child's development, carers are often working with families to solve fundamental needs such as homelessness, transport, employment, alcohol and other drugs and abuse.

3. Family-Centred Practice

The mother and family are active participants in the case planning and implementation process.

"In family-centred practice, the strengths of the child's family are valued, emphasised and acted upon. Professionals engaging in family-centred practice encourage and respect families' choices and their decision making⁶."

The case manager, child, and family, work as equal partners in supporting the child's learning and development.

Each family is encouraged to identify their goals and aspirations and determining how best to achieve these. The family is respected as the experts in their children's lives. Empowerment, self-determination, sensitivity and flexibility are at the core of family-centred practice.



Research also demonstrates that families prefer this model of service delivery as opposed to one that is driven by the professional.

'Families prefer family-centred services and supports over professionally centred services⁷'

⁵ Scope December 2005. Dr tim Moore, Centre for Community Child Health Royal Children's Hospital; Helen Larkin, Deakin University, Victoria.

⁶ Victorian Early Years Learning and Development Framework, Evidence Paper, Practice Principle 1: Family-Centred Practice, Department of Education

⁷ Scope 2005

4. Strength-based

When a person's strengths are understood and supported they are more likely to be empowered and in a position to learn, grow and solve their issues. A strength-based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities. Strengths can be defined as a child and their family's intellectual, physical and interpersonal skills, capacities, dispositions, interests and motivations⁸.

Families and the Early Years staff will work in partnership to support children's learning and development within the broad social, political and economic environment.

Strengths that may impact on learning and development include:

- Valuing everyone equally and focused on what the child can do rather than what the child cannot do
- Describing learning and development respectfully and honestly
- Building on a child's abilities
- Acknowledging that people experience difficulties and challenges that need attention and support
- Identifying what is taking place when learning and development are going well, so that it may be reproduced or further developed⁸

5. Relationship-based Approach

Before any productive work can commence between the case worker and client, a relationship must be established and trust built.

"Patients first have to feel 'secure' in their relationship with the worker before they can 'explore' their problems and worries."⁹

The implication is that all Early Years staff must develop their capability to be warm and friendly, accept and acknowledge, listen and understand, communicate and collaborate and be honest and reliable.

⁸Strength-Based Approach - A Guide to Writing Transition Learning and Development Statements, Department of Education and Early Childhood Development, September 2011

⁹Bowlby 1988

Measuring Success

Getting Children to School is the Australian Government's number one priority in Indigenous Affairs¹⁰. A target has been established that 95% of Indigenous four-year-olds in remote communities have access to early childhood education (currently 88%). The Commonwealth Government is also continuing to track infant mortality rates for children under 5 with an expectation that this will half by 2018.

These, and other outcomes measures, will be used to monitor and improve the effectiveness of the Early Years service in bringing about demonstrable change to the lives of the next generation of Aboriginal children.

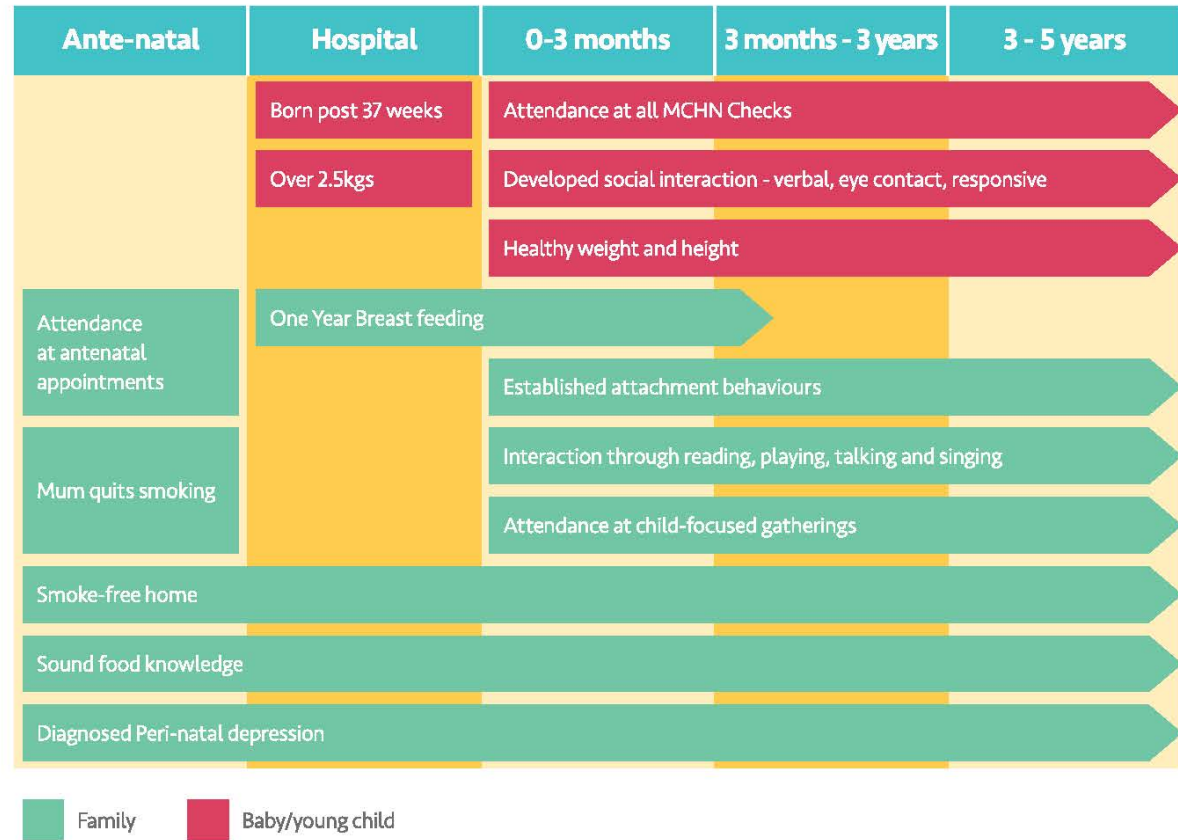


Figure: Specific milestones for our parents and children to achieve over the first five years

¹⁰Closing the Gap Prime Minister's Report 2014

Ante-natal

- Infant mortality for Indigenous children under 5 (Closing the Gap measure)
- Number of current pregnancies
- Number of maternal and child health consults
- Number of clients smoking during pregnancy
- Number of clients referred for Quit advice
- Number of clients who Quit

0-3 months

- Number of births per month
- Number of new babies breast-fed at discharge
- Number of new babies breast-fed at 3 months

3 months to school entry

- Number of children immunized
- Percentage of 3/2-4 year MCH Key Age and Stage checks complete
- Total number of children attending playgroup
- Number of new families attending playgroup
- Number of eligible children enrolled in 3 year old kinder

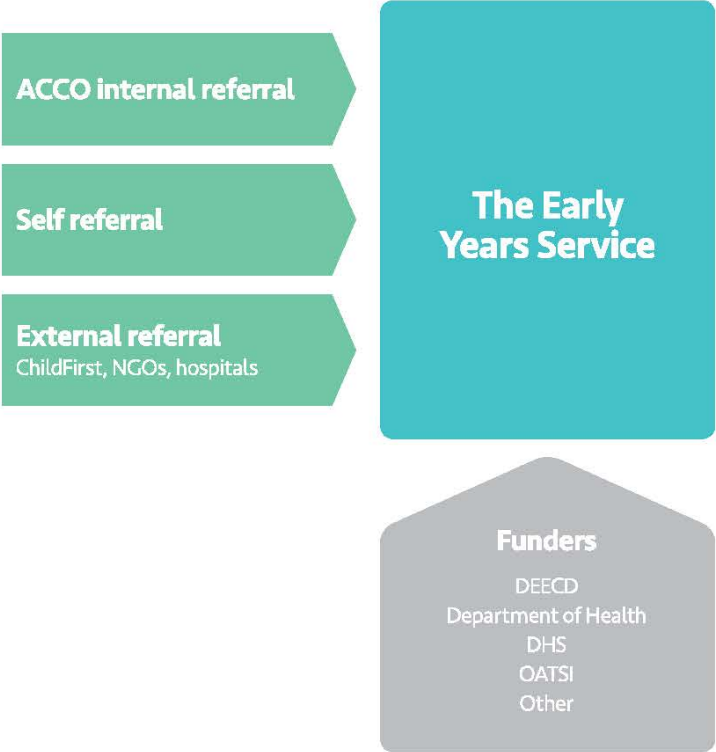


Operating Model

The Early Years approach is ambitious. The expectation is that all mums, care-givers and families will receive the intensive support required to ensure their children have a strong start to life.

Pregnant mums and their families are likely to come to the service from a number of different referral pathways (Figure 1: Referral Sources and Expected Outcomes).

Referral Pathways



Outcomes

- Increased number of women receiving regular antenatal care
- Increased number of women continuing to breastfeed after three months
- Reduced number of mothers smoking
- All babies fully immunised
- Increased attendance at all Maternal and Child Health visits
- Increased number of women carrying babies to term
- Reduced child protection interventions

Figure 1: Referral Sources and Outcomes

Principles

Some of the principles that will guide service delivery to ensure the next generation of Aboriginal children thrive:

- Every Aboriginal baby, pre-school child and their family will be encouraged to participate in The Early Years services
- Families will be the key drivers of individualised programs that meet the specific needs, goals and aspirations of their family
- Parents will understand what to expect at each developmental milestone and how to best support their child's ongoing physical, social, emotional and language development
- Families will be supported and encouraged to build on their personal, social and community support networks

Structuring around each child and their families

All Early Years staff will have a case load and a specialist area of responsibility e.g. a play group coordinator will have a case management role. Other features of the structure include:

- A case manager will be allocated to each family to support their needs and facilitate the successful navigation of service pathways (Figure 2: Model of Service Delivery)
- Case managers be allocated 6-10 families which they will work with from conception to school age entry
- Case load will take into consideration family risk and complexity, staff capability, experience and workload
- Case management will engage in a trans-disciplinary¹¹ approach to working with families

- Approaches to working with mums, children and their families will be flexible - meetings can be at 'your place or ours' and incorporate home visits, individual and/or group sessions
- While the operating principles will remain constant, the extent of service delivery will be influenced by the nature of funding and access to other service providers
- Lead practitioners will provide professional support and guidance in the implementation of The Early Years

¹¹Transdisciplinary teams – involve members of different agencies working together jointly, sharing aims, information, tasks and responsibilities. This is suggested to be a more holistic approach centred on the needs of child and family, with a 'primary provider', whose post is funded on a multi-agency basis, playing a key role in designing and delivering a program of care and coordinating services.

Advocating and strengthening

The Early Years team will use operate in a way that:

- Use every contact with a child and family to strengthen the attachment relationship
- Work from a family-centred and relationship-based approach with the priority to establish a proactive, long-term, meaningful relationship with families
- Understand the principles of child development including key milestones and sensitive periods, and know when to refer children for specialist assessment and support
- Encouraged and support families to attend scheduled ante-natal appointments, Maternal & Child Health Key Ages and Stages visits, and keep up to date with scheduled immunisations
- Facilitate play groups and other planned activities in a way that fosters social connections and learning

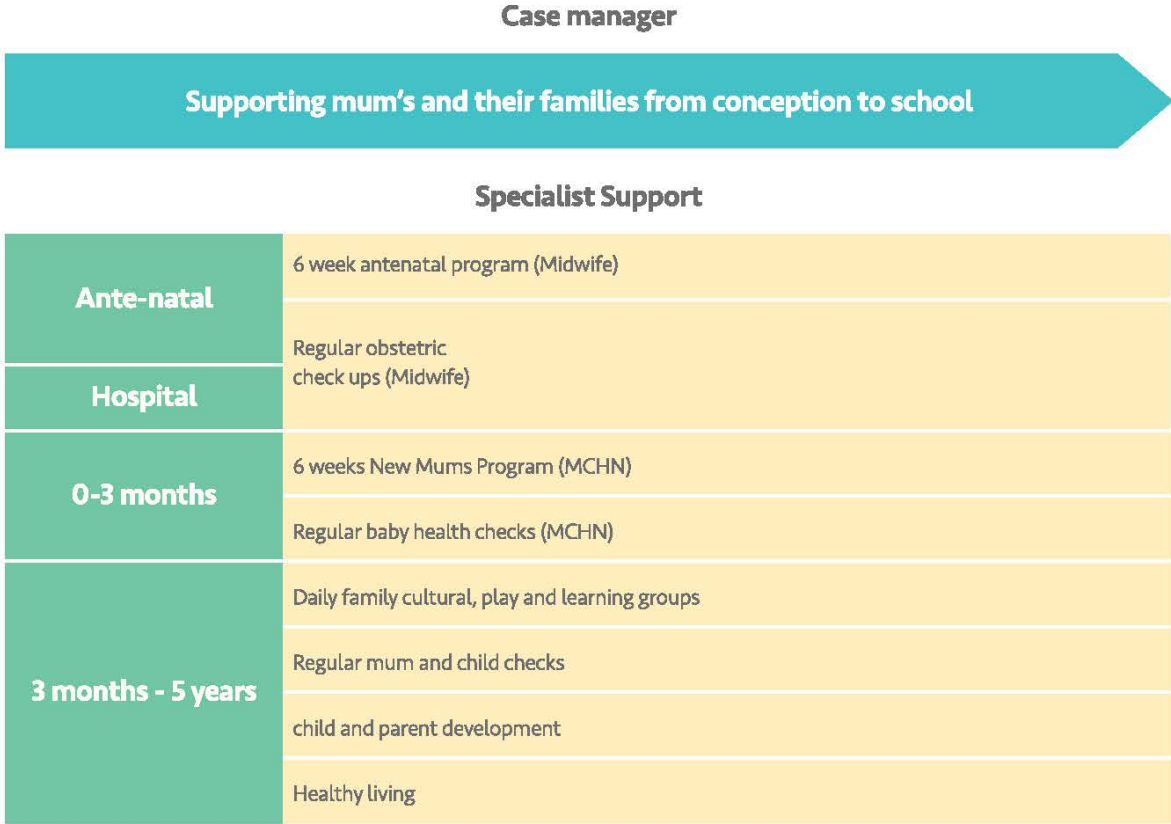


Figure 2: Model of Service Delivery



