Child health services

Guidelines for the community health program

VICTORIA State Government | Health and Human Services

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Acknowledgements

These child health guidelines have been developed in consultation with representatives of the Community Health Program, community health services, other health service providers, key experts in the field and partner program areas in the Department of Health & Human Services.

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Introduction

The growing knowledge and better understanding of childhood development highlights the significance of a child's early years. Childhood is a period of intense development characterised by rapid skill acquisition. A solid foundation allows children to grow and mature, setting up a positive trajectory to adolescence and beyond. A strong focus on child health, development and wellbeing is essential to the future health of our community.

Effective child health services intervene early when an issue, risk or vulnerability becomes apparent. Holistic consideration of the child's individual health needs, and of the impact of the social, emotional and physical environment, is paramount. A focus on improving the capacity of families, parents and carers, as well as supporting positive interactions and sustainable family routines, are further critical elements of a holistic approach.

The Victorian Government's Community Health Program provides state funding for organisations to deliver primary health and community-based support services to meet local needs.

The Community Health Program provides over one million service hours of allied health, counselling and nursing each year. The program focuses on person-centred coordinated care through flexible service models grounded in current evidence. Support and intervention for children, families, parents and carers is an important part of the suite of services delivered through the Community Health Program.

These child health guidelines reflect the key goals of government which focus on improving health outcomes for all Victorians. Organisations providing child and family services should be aware of and responsive to Victoria's whole of government approach to this significant area. The *Victorian early years learning and development framework* (2011) highlights strategies for early childhood professionals working together to support children's learning and development in Victoria.

Purpose of the guidelines

These child health guidelines set out what is expected of child health services provided through the Community Health Program. Such services are referred to in this document as Community Health child health services (CHchs). Specifically, the guidelines are designed to:

- support and promote provision of CHchs in meeting local population needs
- detail the contribution CHchs make in providing family-centred early intervention supports and services
- facilitate a consistent approach to child health across the Community Health Program
- support better coordination and integration of services across the Community Health Program and with partner organisations throughout the sector
- promote the role of CHchs as a key player in driving better service delivery across the wider child and family service system

The primary audience for these guidelines are organisations receiving Community Health Program funding. This includes established services, as well as those seeking to enhance existing or develop new services, in response to the changing needs of local populations. At the same time, many other government and non-government organisations also provide child and family support services, and much effort is being invested in better integration and coordination throughout the service system. In that context, this document will be a valuable guide for many partner organisations and individuals working to improve child and family services.

Service integration is a key driver of better service delivery across the entire Community Health Program. The *Community Health Integrated Program guidelines* aim to improve consistency across the state in planning, program design and service delivery, and to clarify expectations for coordinated service provision.

These child health guidelines complement the overarching *Community Health Integrated Program guidelines*. The documents are designed to be used in conjunction with each other, and with other key documents outlining the range of responsibilities and requirements of funded organisations.

Defining an effective child health service

The Centre for Community Child Health defines effective child health services as those that:

- are based upon the needs and priorities of families and communities
- are individualised and responsive to particular family needs and circumstances
- recognise that relationships are just as important for achieving success as program structure and curriculum
- seek to empower families and communities
- build on existing strengths of families and communities, strengthening existing competencies
- seek to build partnerships with parents and communities
- are sensitive and responsive to family and community cultural, ethnic, and socioeconomic diversity
- see families in the context of community and the wider society, and seek to strengthen community links and utilise community resources to meet their needs
- provide high quality services.

For further information (and detailed references) visit <http://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB6_Effective_community_serv.pdf>

Aim and objectives of child health services

The aim of CHchs is to provide quality, evidence-based interventions and strategies to improve the health, development, wellbeing and safety of children. CHchs aim first and foremost to provide a quality child and family-centred experience for people requiring services.

A core element of service provision focuses on improving the capacity of those people closest and most significant to the child – their families, parents and carers – to understand and manage developmental issues.

Children's development has been classified into broad domains:

- physical health and wellbeing
- language and cognitive skills
- communication skills and general knowledge
- emotional maturity
- social competence.

These five key areas of young children's health, development and wellbeing are measured in the Australian Early Development Census (AEDC 2014). The five domains are detailed further in Appendix 1. While not all CHchs will necessarily cover all aspects of development in their service provision, these recognised domains provide a framework that reflects the breadth of child development and a consistent approach within which CHchs operate. AEDC domains are key indicators in the established whole of government monitoring system, the Victorian Child and Adolescent Monitoring System (VCAMS), discussed in the 'Outcome priorities' section.

The objectives of the Community Health Program in relation to child health services are as follows:

Service delivery

- Promote and enable positive health, growth functioning and safety of the child.
- Prevent or minimise negative effects of common child developmental issues, through high quality services focused on early identification, assessment and intervention.
- Improve the capacity of families, parents and carers to understand, support and manage their child's health, development and wellbeing.

System support

- Support children, families, parents and carers in their use of community and health services and other community supports.
- Promote the development of quality, accessible, culturally responsive and family-centred child health services.
- Promote a coordinated approach to the delivery of child health services, and develop partnerships with and between other providers of related child and family supports, services and programs.

Target population

The target population for CHchs are children aged 0–12 who have an identified delay in one or more areas of development. The focus will be on those children who have already or are currently falling behind in key early development milestones. Consistent with the broader community health approach, support and intervention provided through CHchs will be goal directed and based on need.

If a child presents with more substantial developmental delay or impairment and/or requires significant ongoing paediatric team services, a referral to an alternative service may be required to ensure a more appropriate response will take place.

All CHchs prioritise children:

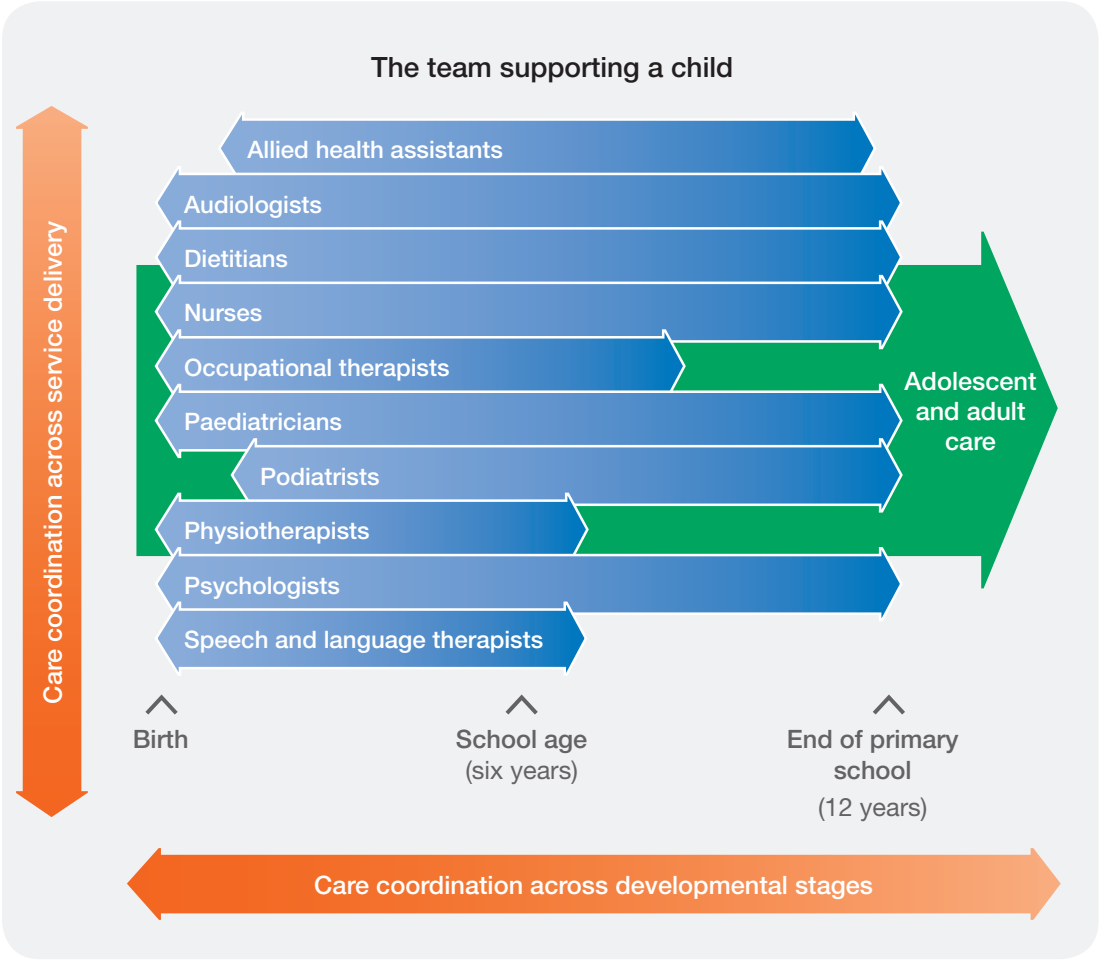
- birth to school age
- with developmental needs requiring a team approach
- with complex psychosocial needs in the family
- experiencing difficulty accessing other local services. Factors may include Aboriginal background, culturally and linguistically diverse (CALD) background, refugee status, out-of-home care placement, socioeconomic disadvantage and identified vulnerability.

It is well recognised that significant and increased effort is required to intervene early and provide support for vulnerable families. The key objective is to identify families at risk of breakdown that result in children being subjected to negative and traumatic experiences, where intervention of the statutory child protection system may be required.

CHchs adopt a team approach, involving a range of health practitioner disciplines. In developing and strengthening teams, organisations should aim to provide a mix and level of service delivery that aligns with local priorities and partnerships. Depending on local need, not all disciplines will be required to be available at all organisations. While CHchs work with children up to 12 years of age, it will often be appropriate for specific disciplines to focus on certain age ranges within the 0–12 target population.

Figure 1 highlights the range of disciplines typically involved in CHchs teams, and the age cohorts typically prioritised.

Figure 1: A team approach in CHchs and the age cohorts typically prioritised



Demand management

Demand for a service is reflected in the number of people seeking a service, and the amount and type of services they require. Demand is influenced by a range of factors including people's preferences, the needs of the community and population growth. Demand for a service may be greater than the level of service available, and may need to be managed. Demand management involves both equitable determination of who is a clinical priority for a particular service, and further decisions about the best response for the population as a whole.

CHchs must implement a priority approach to effectively manage demand. CHchs are required to ensure that access to care is prioritised appropriately and that all needs are taken into account. Tools are available to assist staff and practitioners prioritise according to need. They provide decision-making support to help guide good and consistent practice across a service. A key aim is to make sure that people most in need of care receive it quickly and at a time when it will be most effective. Importantly, the use of robust demand management strategies guarantees that the available resources are used as effectively as possible.

Tools developed by the Department of Health & Human Services include:

Towards a demand management framework for community health services
<http://www.health.vic.gov.au/pch/downloads/demand_management_framework_updated.pdf>

Community health priority tools
<http://www.health.vic.gov.au/pch/downloads/community_health_priority_tools.pdf>

Waiting lists are an important part of effective management of demand for a particular service. If a service is unable to offer appointments at the time of initial contact, waiting lists should be established. Any waiting list should be managed actively, including:

Providing information to the child, their family and carer

- Staff and practitioners should provide information regarding anticipated waiting time and the specific service contact details. It may also be appropriate to provide detail on available options for interim management while awaiting care, which may include referral to an additional service provider. Families and carers should be informed of alternative options to community health such as private allied health providers and universal services.

Reviewing the child's level of urgency

- Where a person is already on a waiting list, their family, carer or referrer should be encouraged to contact the organisation if their condition or circumstances change. Services with lengthy waiting lists should consider contacting people directly to review their needs and priority at pre-determined time intervals.

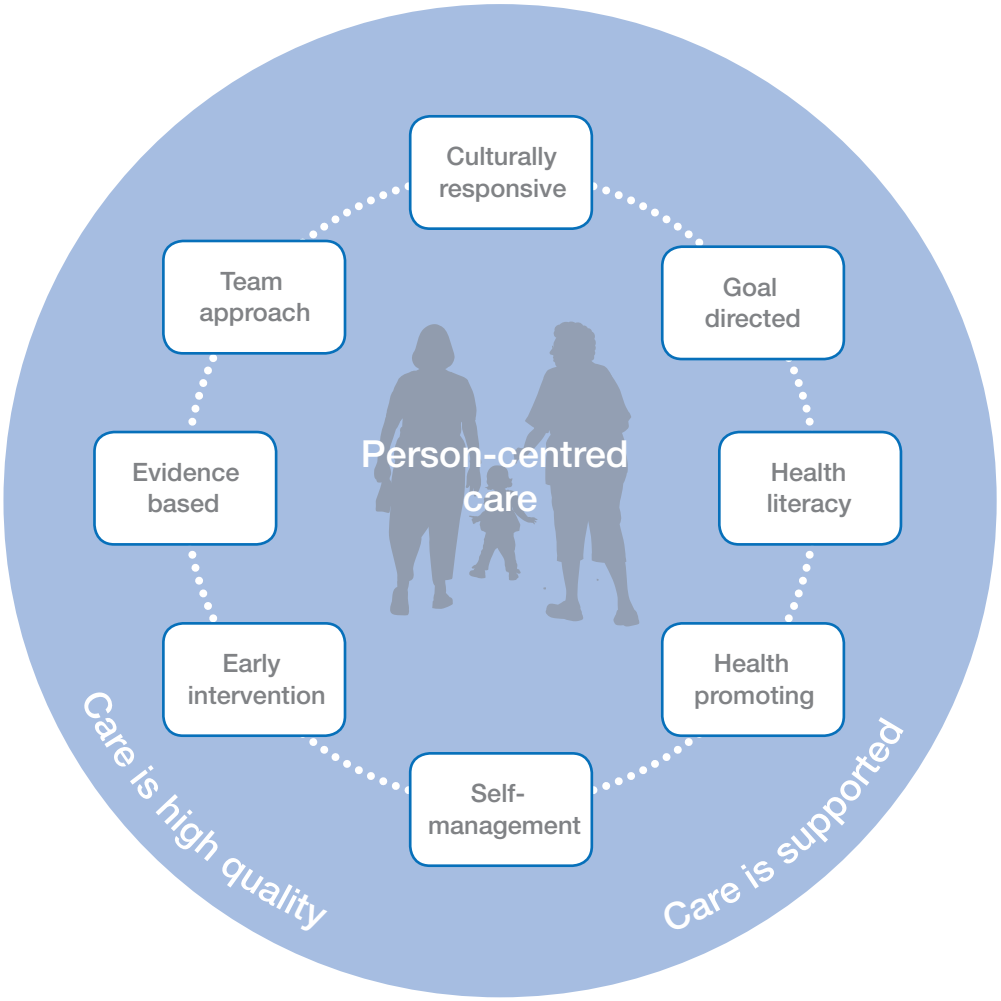
Communicating with referral source

- Staff and practitioners should provide timely feedback to the referral source regarding confirmation of the referral and the anticipated waiting time.

Principles of the Community Health Program

The Community Health Program principles of care are the foundation for person-centred practice, and apply to all aspects of service delivery and support across the program. A full exposition of the principles is contained in the *Community Health Integrated Program guidelines* and highlighted in Figure 2 below. This section of the child health guidelines describes the principles from the perspective of services specific to children and families. CHchs need to align with these principles of care in all aspects of planning, program design and service delivery.

Figure 2: Principles of care as outlined in the *Community Health Integrated Program guidelines*



Person-centred

Person-centred care is the delivery of services configured around the specific needs of the child, their family, parents and carers. Practitioners engaged in family-centred practice respect the pivotal role of families in children's lives (Department of Education and Early Childhood Development 2011). The nature and quality of their key relationships are critical for children's development as well as the establishment of secure attachment (Moore 2009). By anchoring practice around the family, practitioners and services can respond to their unique circumstances and needs. Intervention will have the greatest impact if it can slot into the daily routines of the family or individual (Bernheimer and Weisner 2007).

The parent, carer or family has the most significant relationship with the child. It follows that in the case of children it is crucial that the family is involved in all elements of practice so that care is both child and family-centred.

Culturally responsive

Cultural responsiveness refers to more than cultural awareness. Awareness is only a first step. What matters is how staff and practitioners within the organisation behave as a result of that awareness. Organisations need to put processes and systems in place if they are to achieve cultural change and to embed it in everyday behaviour. Cultural awareness and sensitivity are building blocks; cultural responsiveness is the desired outcome (Department of Health 2012).

Within the context of family-centred practice, culturally responsive practice needs to wrap around both the child and the family. It is important to discuss relevant health beliefs and practices regarding childhood and development with the family and the people who have a significant relationship with the child. This will influence a range of practices including privacy concerns, the people to be involved as well as choices about how and where care is delivered.

Evidence based

Evidence-based practice refers to using the best available evidence, integrated with expertise, to make decisions about the best care options and interventions for an individual. It promotes transparent processes that emphasise the importance of bringing research evidence into decision making. The evidence base is wide ranging and includes, but is not limited to publications on clinical trial outcomes, reviews of the evidence such as the Department of Education and Early Childhood Development (now the Department of Education and Training) literature review (see p.9), as well as evaluations of service models and initiatives. The latter can be defined as evidence-informed practice that allows identification of models of care that have been proved effective through rigorous evaluation in practice.

Department of Education and Training – Early childhood intervention: Reform project: revised literature review

This literature review (Moore 2010) is one of many examples of current evidence available and is a valuable reference for practitioners in CHchs. The review highlights key aspects of service delivery models for children aged 0–8 years with a disability, developmental delay or additional needs. Of particular importance are overarching aspects of services, as such as family centred practice and the benefits of natural settings. It begins by summarising developmental needs and rights of children in general, then examines how these apply to children with developmental disabilities. The needs of families are explored, along with their experiences of professional services and how these can best be supported. This resource can also assist in the identification of additional needs and issues which may require intervention.

What all children need

- Close and ongoing caring relationships with parents or caregivers.
- Adults who recognise and are responsive to the child's needs, feelings and interests.
- Adults who can help children understand and regulate their emotions.
- Adults who can help children understand their own mental states and those of others.
- Adults who can help children negotiate temporary breakdowns and ruptures in relationships.
- Protection from harms that children fear and threats of which they may be unaware.
- Clear behavioural limits and expectations that are consistently and benignly maintained.
- Opportunities and support to learn new skills through regular contact with a range of adults and other children.
- Opportunities and support to learn new skills and capabilities that are within their reach.
- Opportunities and support to learn how to resolve conflict with others cooperatively.
- Stable and supportive communities that are accepting of different families and cultures.

Further information visit
<http://www.education.vic.gov.au/Documents/childhood/providers/needs/ecislitreviewrevised.pdf>

Team approach

Practitioners working across services and disciplines need to provide care from a team perspective. An essential element of CHchs is this collaborative team approach. Examples of types of approaches include multidisciplinary, interdisciplinary, intradisciplinary and transdisciplinary.

The team approach can operate at different levels across service delivery. There may be the interdisciplinary team from CHchs working with the child and family on the prioritised issues. More broadly, the team approach may include practitioners from the range of child and family support services as detailed in the Working with partners section of these guidelines. A key component of this approach is that the child, parents, family members and carers will be part of the team and play an active role in care decisions and delivery.

Goal directed

Practitioners working with children and families should ensure care is goal directed to chart progress. The goals should align with the needs, preferences and priorities of the child, parents, family and carers. Identifying clear, concise and measurable goals provides direction and the opportunity to reflect on achievements and progress within the course of care. Goals should be developed and agreed collaboratively with input from the person, their family and/or carers as well as other service providers.

Self-management

Self-management aims to empower the person, their family and/or carers to take responsibility and control of their own health issues. This will assist them to be as independent as possible and optimise capacity to manage the risk or impact of illness over the lifespan and along the care continuum. When working with children, building self-management capacity will require a strong emphasis on building skills and capacity in those interacting with the child, particularly parents, carers and other family members. Supporting parents and carers to provide children with development enhancing learning opportunities in natural environments should be a priority, as interactions in everyday settings support and strengthen child and parent competence and confidence (Dunst and Trivette 2009).

Health literacy

The World Health Organization's (2009) definition of health literacy focuses on the capacity and skills of individuals. It is defined as the cognitive and social skills that determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health.

In the child health context, it is important that parents and families have an understanding of key developmental milestones and their child's strengths and difficulties. Assessing the child and parents ability, including cultural background, to grasp concepts is an important consideration. A health-literate parent will be more likely to engage in positive interactions as they understand typical development and the particular issue facing their child. It is also important for parents, families and carers to understand the reasoning and options for intervention as well as their role in the process.

A health literacy approach will ensure the infrastructure, policies, processes, materials and relationships that make health literacy possible are supporting parents, families and carers to make appropriate decisions about their child's health.

Early intervention

Early intervention is a cornerstone in providing services to children with developmental delay. It is important to identify issues early so that strategies and interventions can be developed to address these and minimise impact as the child grows. Intervening early ensures that a child has a solid foundational skill base to later acquire, more complex skills. Continued monitoring is important as a child grows to ensure issues are identified as early as possible.

'The development rationale for early childhood intervention is based on the research evidence concerned with how young children develop, including early brain development and its vulnerability to neglect and young children's receptivity to learning. Developmentally, the research confirms that early interventions are more effective than later efforts. For families, the earlier the interventions begin, the easier it will be for them to adapt to the challenges they face when their children are identified with a developmental delay' (Moore 2005).

Health promotion

Health promotion supports people to increase control over, and to improve, their health.[1] It is an essential part of service delivery, and though it has strong links with prevention it also has resonance across the care continuum including clinical service delivery. Health promoting clinical practice involves using health promotion in an opportunistic way, in which each clinical encounter is seen as an opportunity to discuss the range of factors that impact on health.

When looking for opportunities to improve health and wellbeing for children, it is important to recognise other settings that sit outside the immediate clinical setting. Children spend the majority of their time in education or family life and a focus on maximising wellness can often be attributed to a child, family and carer's regular routines and behaviours. In order to respond to the needs of vulnerable children and families, it is important to have viable working partnerships, support capacity and knowledge development within families and carers.

1 Adapted from 'The Ottawa Charter, 1986', retrieved from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

Working with partners

A broad range of services provide child and family care and support, working with populations similar to those of CHchs. Such services include:

- other health services including maternal child and health and general practice
- human services – family support services, Child FIRST, child protection
- local government
- early childhood and education services.

Some of these services are universal, available to all children and families. Others, as with CHchs, are targeted to priority population groups and respond to a defined need by offering specific support and intervention. Local needs and services will also be identified within Municipal Public Health and Wellbeing Plans and Municipal Early Years Plans with local government another key partner in services. Many children, families, parents and carers will be interacting with CHchs well as multiple services.

Care and support need to be centred on the specific needs of the child and family. To achieve this, it is important that services are integrated across the system, including at an organisational level and there is coordination of services provided at individual child and family level.

Service integration

An integrated approach to service access and delivery is crucial so that families requiring support achieve the best outcomes. CHchs need to establish strong partnerships with universal and targeted providers, at service to service and system levels, to establish protocols, linkages and pathways that enable children and families to receive the most efficient care and the most appropriate support.

By working closely with other services, CHchs can drive better service delivery across the wider child and family service system. Links with both universal and other targeted services are crucial to build a better understanding of needs and provide effective care for people supported by CHchs. As well, integration of services plays an important role in supporting local communities to become more resilient and active. Further information on particular universal and targeted child and family services is provided in Appendix 3.

Service coordination

The aim of service coordination is to ensure people have access to the services they need, there are opportunities for early intervention and health promotion, and improved health outcomes.

In particular, service coordination supports more effective ways of working with people with complex and multiple needs. Many children, their families and carers present to community health with a range of needs. A single service is unlikely to be capable of meeting the complex needs of many families (Moore 2008). Delivering an efficient service to these families will require service coordination, as well as direct service provision.

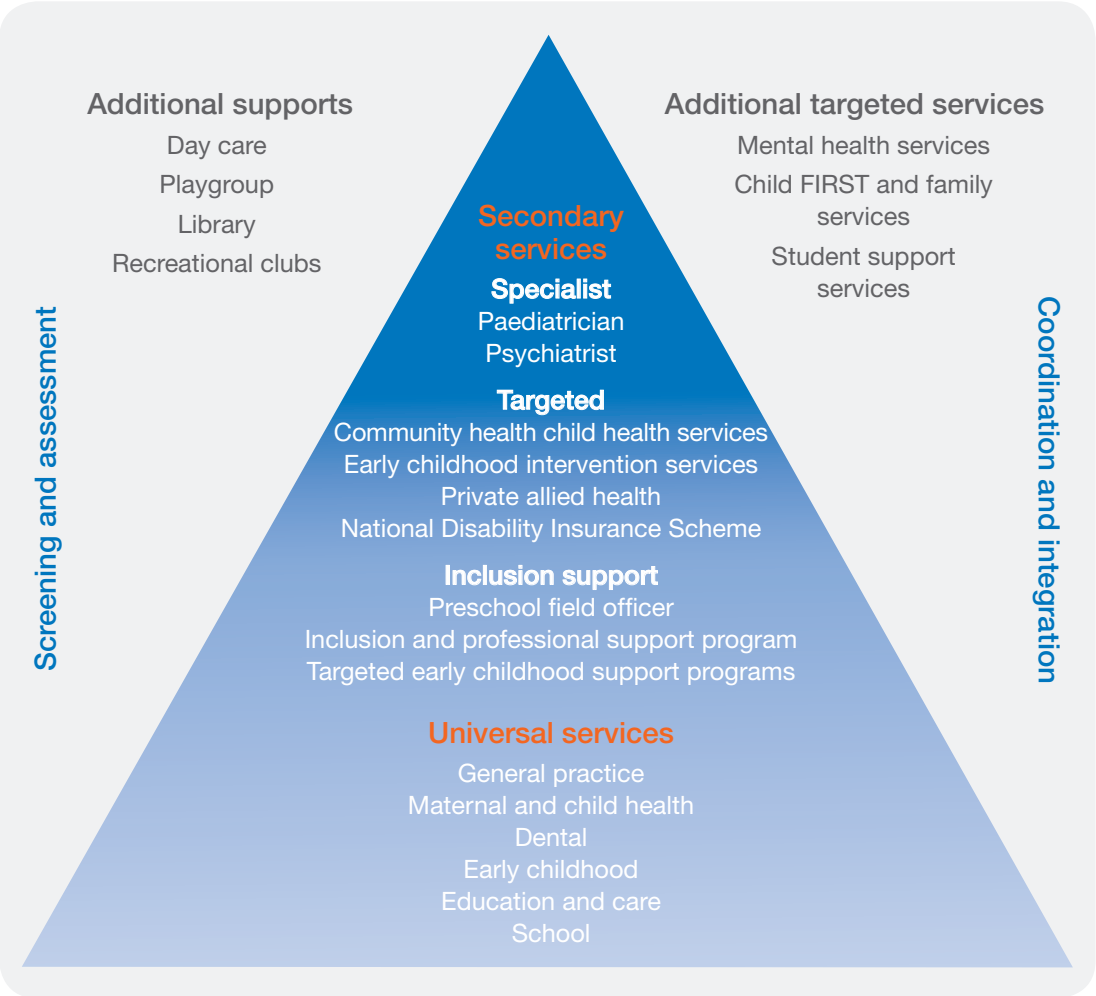
To achieve better outcomes for vulnerable children, we need to work together across the service system. This encompasses universal, targeted and specialist services, organisations and the range of personal and professional inter-relationships that work with vulnerable children and families to prevent and respond to identified risk and trauma.

Service coordination is integral to providing a person and family-centred approach to care, and should be considered at each stage of the service user journey (detailed in the *Community Health Integrated Program guidelines*). Effective service coordination can be supported through a range of mechanisms including the development of effective referral protocols and clinical pathways, implementation of team approaches to care delivery and shared care planning, as well as formal and informal communication with other local service providers.

These may include schools and early childhood services, as well as general practice and other health professionals, and a broad range of universal, targeted and specialist services. Figure 3 illustrates how these services intersect and the need for a broad application of a coordinated and integrated approach. Appendix 3 provides further information about the range of services available.

The *Victorian service coordination tool templates* (2012) provide a useful framework for developing consistent processes for service coordination and referral. For more information visit <www.health.vic.gov.au/pcps/sctt>

Figure 3: Child and family support services



Note: Figure 3 illustrates a sample of services, it is not intended to present a comprehensive listing. Readers should refer to Appendix 3 for further information about the range of services available.

Coordinating referral and transition

Children's needs are dynamic and subject to change. As needs change so too must the care and support to ensure the best response is being provided. If a presenting need or circumstance changes so that an alternate service would be more appropriate, transition between organisations should be supported. Local agreements between organisations provide a useful means to ensure this occurs as smoothly as possible, and minimise the impact on the child and family.

As noted on page 12, Appendix 3 details the broad range of universal and targeted child and family services. The following information is included here to highlight major examples where transitional arrangements between programs have been or are being negotiated to provide the most appropriate services for children with disability or developmental delay.

Early Childhood Intervention Services (ECIS)

Significant discussions have taken place with the program area within the Department of Education and Training (DET) regarding the implications of working with children of the same age group, particularly around referral and transition processes for children and families.

ECIS support children who have a disability or developmental delay that results in substantial functional limitations requiring a coordinated multidisciplinary response of extended duration. Further detail regarding ECIS is provided in Appendix 3. The departments of Education and Training and Health & Human Services have negotiated reciprocal arrangements that should be considered in the event that a child requires transition between ECIS and CHchs. Local services need to work with each other to develop a local memorandum of understanding regarding transition and referral pathways.

- If the child is on a current wait list for either service, the original date of referral should be used to ensure that referred children are not sent 'to the back of the queue'
- Where a child is referred between services and has been receiving services, it is the responsibility of the current provider to support an effective transition and handover.

National Disability Insurance Scheme (NDIS)

The NDIS will support people with a permanent and significant disability, their families and carers. The scheme is a new way of funding individualised support for people with disability that involves more choice and control and a lifetime approach to a person's support needs. It will focus on early intervention, recognising that timely support can minimise the impact of a disability. It will provide assistance at the right time, rather than only once people reach crisis.

The NDIS will work to:

- discuss individual goals and support needs
- develop an individual plan to achieve those goals
- consider the supports needed to strengthen family and informal caring arrangements, and
- connect to mainstream services and community supports as appropriate.

Victoria's Barwon area is hosting the Victorian launch of the NDIS. The 2014–15 Commonwealth budget committed to a national rollout, with preparations underway for the full commencement from July 2016. For further information including eligibility criteria visit <http://www.ndis.gov.au/>, specific eligibility criteria for early intervention are detailed operational guidelines found at <http://www.ndis.gov.au/document/320>.

Models of care

People requiring CHchs will experience a number of stages during their episode of care. This is described in the *Community Health Integrated Program guidelines* as the service user journey. The model identifies and describes the particular components including:

- access and initial contact
- initial needs identification
- assessment
- care planning and implementation
- monitoring and review
- transition and exit.

It is a dynamic model which provides a framework for the application of care and support. There may be overlap between stages, for example initial contact and needs identification may be undertaken by the same qualified staff member, assessment and care planning may occur during the same visit.

In practice, however, there is no single model of care for support and intervention. In the child and family health context, one size does not fit all. Practitioners and organisations should work to develop a flexible best fit response based on family-centred practice. In essence, CHchs practice entails application of the principles of care. This flexible approach applies to both care for individuals and the development of population based approaches that respond to community need. The model of care adopted in each case should be:

- based on unique needs
- grounded in evidence and the needs of the child
- responsive and adaptable as needs change
- ensuring the safety and wellbeing of the child is promoted.

Appendix 4 presents four case studies illustrating existing models of care in CHchs. Each case study highlights a particular focus in relation to service delivery:

- partnerships – addressing the need for timely referral of vulnerable families
- allied health assistants – addressing readiness for school entry
- team approach – an innovative transdisciplinary model of care
- building capacity of parents – short term play based therapy groups.

Receiving government support

Outcome priorities

CHchs are focused on meeting the aims and objectives of service delivery and system support set out in these guidelines, including reporting requirements through the Community Health Minimum Data Set.

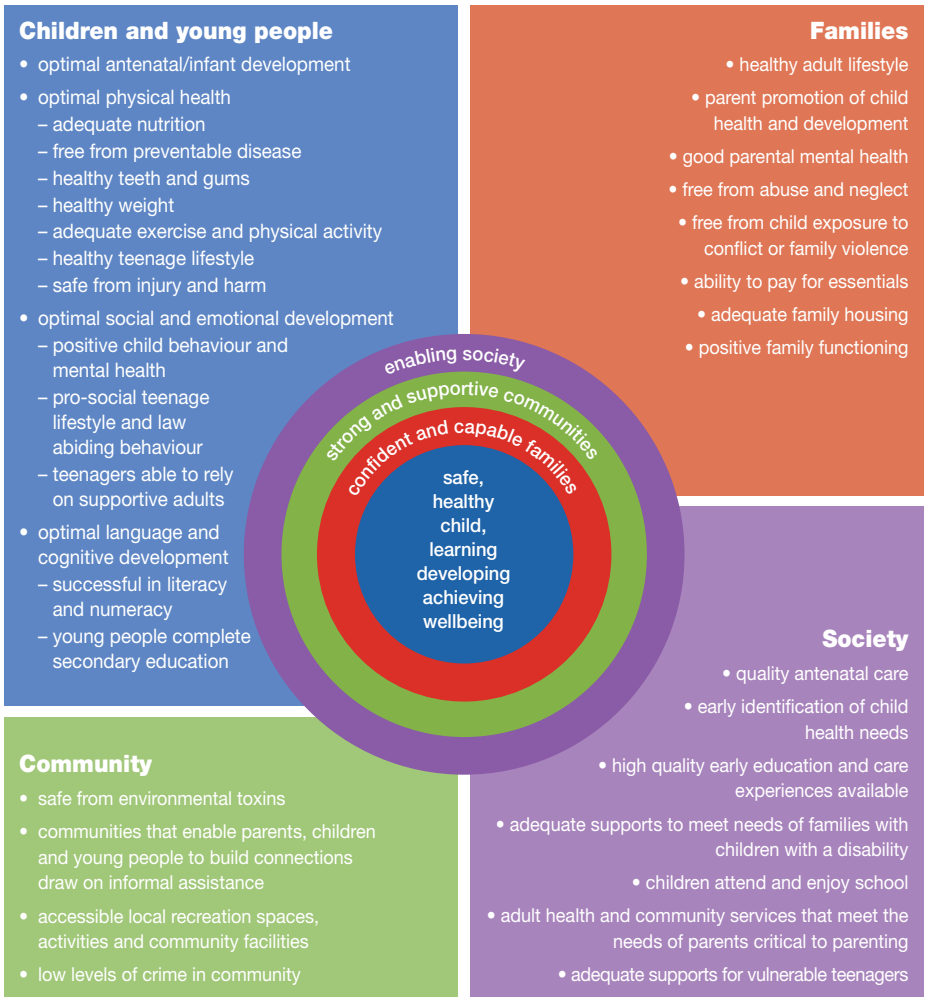
Organisations providing child and family services should also be aware of and responsive to the whole of government outcome framework. The *Victorian early years learning and development framework* (2011) outlines five broad outcomes:

- Children have a strong sense of identity.
- Children are connected with and contribute to their world.
- Children have a strong sense of wellbeing.
- Children are confident and involved learners.
- Children are effective communicators.

The Victorian Child and Adolescent Monitoring System (VCAMS) tracks and measures children and young people's health, wellbeing, safety, and learning and development outcomes, as identified in the VCAMS outcomes framework (see Figure 4). This framework includes 35 outcomes and 150 indicators, which feed into the five broad outcomes listed above. The indicators relevant to CHchs are listed in Appendix 2. For further information visit <www.education.vic.gov.au/about/research/Pages/vcams.aspx>.

VCAMS monitoring is conducted via a range of statewide data sources and collections. Through VCAMS monitoring systems, CHchs contribute both directly and indirectly to improved outcomes for children in their local area.

Figure 4: The Victorian child and adolescent outcomes framework



Funding

The Community Health Program provides effective primary healthcare services to priority populations. The health, development and wellbeing of Victoria's children, in particular those most vulnerable and experiencing disadvantage, is a clearly identified priority. It has statewide reach, and funds delivery of nursing, allied health and counselling services. This funding should be used flexibly to provide support and services that are responsive to local needs including child health services.

As detailed in the *Community Health Integrated Program guidelines*, funded organisations need to be responsive to local population needs, and provide services that reflect the priorities of their communities. Where the local population profile provides evidence of the need for child health services, organisations are expected to arrange services to respond to this need. These guidelines give direction about what that service should entail. They articulate best practice for child health, and will play a key role in reducing variation across the statewide program.

Previously additional funding was provided for the establishment and/or expansion of Child Health Teams in specific locations. This was provided as part of the Growing Communities Thriving Children initiative. This aimed to strengthen the child health service response in local government areas at the metropolitan–rural interface, focusing on communities with young populations with rapid population growth and limited services. The expectation of current Community Health Program funding is that it is applied flexibly to enable service delivery based on identified local priorities.

Reporting and evaluation

Regular reporting through the Community Health Minimum Data Set (CHMDS) is a requirement of Community Health Program funding. Reported data provides accountability to government and the community for service delivery, as well as valuable information for use in the operational management of child health services across the statewide program. The CHMDS gathers information on a range of variables including:

- service user demographics (age, sex, priority)
- service provided (discipline, duration, outcome)
- system performance (demand, wait for assessment and/or service).

In addition, organisations should maintain sufficient records in order to adequately undertake future evaluation and/or reviews of the specific contributions of the child health service to achieving the outcome priorities listed above. Internal review and program development are essential to ensure quality service and support. The *Community Health Integrated Program guidelines* provide further direction regarding continuous quality improvement and innovation.

Fees

Organisations should adhere to the *Community Health fees policy* which can be found at <www.health.vic.gov.au/pch/service_providers/fees.htm>. The fees policy is an integrated approach to setting fees for consumers and service providers. It is to be implemented as a whole and not as individual components. The policy contains principles which provide a consistent framework within which service providers are to operate.

- Inability to pay cannot be used as a basis for refusing service to people assessed as requiring a service.
- Where fees are to be charged, it should be done in accordance with a scale of fees appropriate to the consumer's level of income, amount of service used, any changes in circumstances and ability to pay.
- Organisations should provide a written statement regarding the fee to be charged for any service and the payment procedures. All consumers should be informed of the fees applicable to them at the time of assessment or commencement of the service.
- Fee revenue can be used to enhance service delivery, either by providing additional services, or by measures to improve service delivery.

Appendix 1: Five domains of early childhood development

Australian Early Development Census

For further information on the Australian Early Development Census domains of development for children visit <www.aedc.gov.au/about-the-aedc/about-the-aedc-domains>

1. Physical health and wellbeing domain

Category	Children on track	Children developmentally vulnerable
Physical readiness for school day	Never or almost never experience being dressed inappropriately for school activities, and do not come to school late, hungry or tired.	Have at least sometimes experienced coming unprepared for school by being dressed inappropriately, coming to school late, hungry or tired.
Physical independence	Are independent regarding their own needs, have an established hand preference and are well coordinated.	Range from those who have not developed independence, handedness, or coordination, to those who have not developed any of these skills.
Gross and fine motor skills	Have an excellent ability to physically tackle the school day and have excellent or good gross and fine motor skills.	Range from those who have an average ability to perform skills requiring gross and fine motor competence and good or average overall energy levels, to those who have poor fine and gross motor skills, poor overall energy levels and physical skills.

2. Social competence domain

Category	Children on track	Children developmentally vulnerable
Overall social competence	Have excellent or good overall social development, very good ability to get along with other children and play with various children, usually cooperative and self-confident.	Have average to poor overall social skills, low self-confidence and are rarely able to play with various children and interact cooperatively.
Responsibility and respect	Always or most of the time show respect for others and for property, follow rules, take care of materials, accept responsibility for actions, and show self-control.	Only sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.
Approaches to learning	Always or most of the time work neatly, independently, solve problems, follow instructions and class routines, and easily adjust to changes.	Only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.
Readiness to explore new things	Are curious about the surrounding world, and are eager to explore new books, toys or unfamiliar objects and games.	Only sometimes or never show curiosity about the world, and are rarely eager to explore new books, toys or unfamiliar objects and games.

3. Emotional maturity domain

Category	Children on track	Children developmentally vulnerable
Pro-social and helping behaviour	Often show helping behaviours including helping someone hurt, sick or upset, offering to help spontaneously, and inviting others to join in.	Never or almost never show most of the helping behaviours including helping someone hurt, sick or upset, offering to help spontaneously, and inviting others to join in.
Anxious and fearful behaviour	Rarely or never show anxious behaviours, are happy and able to enjoy school, and are comfortable being left at school.	Often show most of the anxious behaviours; they could be worried, unhappy, nervous, sad or excessively shy, indecisive; and they can be upset when left at school.
Aggressive behaviour	Rarely or never show aggressive behaviours and do not use aggression as a means of solving a conflict, do not have temper tantrums, and are not mean to others.	Often show most of the aggressive behaviours; they get into physical fights, kick or bite others, take other people's things, are disobedient or have temper tantrums.
Hyperactivity and inattention	Never show hyperactive behaviours and are able to concentrate, settle into chosen activities, wait their turn, and most of the time think before doing something.	Often show most of the hyperactive behaviours; they could be restless, distractible, impulsive; they fidget and have difficulty settling to activities.

4. Language and cognitive skills (school-based) domain

Category	Children on track	Children developmentally vulnerable
Basic literacy	Have all the basic literacy skills including how to handle a book, are able to identify some letters and attach sounds to some letters, show awareness of rhyming words, know the writing directions, and are able to write their own name.	Do not have most of the basic literacy skills; they have problems with identifying letters or attaching sounds to them, rhyming, may not know the writing directions and how to write their own name.
Interest in literacy/numeracy and memory	Show interest in books and reading, maths and numbers, and have no difficulty with remembering things.	May not show interest in books and reading and/or maths and number games, and may have difficulty remembering things.
Advanced literacy	Have at least half of the advanced literacy skills such as reading simple words or sentences, and writing simple words or sentences.	Have only up to one of the advanced literacy skills; cannot read or write simple words or sentences, and rarely write voluntarily.
Basic numeracy	Have all the basic numeracy skills and can count to 20, recognise shapes and numbers, compare numbers, sort and classify, use one-to-one correspondence, and understand simple time concepts.	Have marked difficulty with numbers, cannot count, compare or recognise numbers, may not be able to name all the shapes and may have difficulty with time concepts.

5. Communication skills and general knowledge domain

Category	Children on track	Children developmentally vulnerable
Communication skills and general knowledge	Have excellent or very good communication skills and can communicate easily and effectively, can participate in story-telling or imaginative play, articulate clearly and show adequate general knowledge.	Range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand and/ or have difficulty in understanding others and may show little general knowledge.

Appendix 2: Outcome indicators for Victoria's children

Victorian Child and Adolescent Monitoring System (VCAMS)

Outcome indicators from the VCAMS relevant to CHchs are listed below.
The indicators are currently under redevelopment and will be available in 2015.
For further information visit www.education.vic.gov.au/about/research/Pages/vcams.aspx

The child

Key outcome	Indicator/s
Adequate nutrition	Proportion of children and young people who eat the minimum recommended serves of fruit and vegetable every day.
Optimal social and emotional development	Proportion of children who are developmentally vulnerable – as identified through Australian Early Development Index on individual domains and one or more, or two or more domains.
Healthy weight	Proportion of children and young people who are overweight and obese. Proportion of young people who are underweight.
Optimal language and cognitive development	Proportion of children entering school with basic skills for life and learning.
Adequate exercise and physical activity	Proportion of children and young people who do the recommended amount of physical activity every day. Proportion of children and young people who use electronic media for more than two hours per day.
Positive child behaviour and mental health	Proportion of children with emotional or behaviour difficulties. Proportion of children whose parents are concerned with their behaviour.

The family

Key outcome	Indicator/s
Healthy adult lifestyle	Proportion of children and young people exposed to tobacco smoke in the home. Proportion of parents who report risky drinking. Proportion of parents meeting recommended physical activity levels.
Positive family functioning	Proportion of children and young people living in families with healthy family functioning. Proportion of children with high levels of family stress.
Parent promotion of child health and development	Proportion of children who are read to by a family member every day.

Supports and services

Key outcome	Indicator/s
Early identification of and attention to child health needs	Proportion of children with parents concerned about their vision. Proportion of children attending the 3.5 year ages and stages visit.

Appendix 3: Information on additional child and family services

The following list is not exhaustive and provides a sample of the range of services available.

Universal services

Dental Health Program

The Dental Health Program provides dental care to eligible Victorians. The Department of Health & Human Services funds Dental Health Services Victoria to deliver dental care through the Royal Dental Hospital Melbourne and purchases dental care from 54 community health services and rural hospitals (operating from 79 clinics). All children aged 0–12 and young people aged 13–17 years who are health care or pensioner concession card holders, or dependants of concession card holders are eligible for public dental services. In addition, all children and young families up to 18 years of age in out-of- home care and youth justice clients, up to 18 years of age in custodial care, are also eligible for public dental services.

Children and young people are **priority clients** and are offered the next available appointment. For further information visit <http://health.vic.gov.au/dentistry/public-dental-system.htm>.

Expanded Medicare Healthy Kids Check

This is a Commonwealth Government initiative that provides an opportunity for parents to have a structured conversation with a health professional to review their child's health and development. The program has now been expanded to include development, social and emotional wellbeing, as well as lowering the target age from four to three and a half years. Many parents have concerns about how their child is doing; these concerns can be addressed as part of the check, and reassurance and/or advice provided as appropriate. If appropriate, and following discussion with parents, the child might be referred to a service or professional for further assessment and intervention. The Expanded Medicare Healthy Kids Check allows parents to discuss any concerns they might have with their GP, practice nurse or Aboriginal health worker. For further information visit <http://www.health.gov.au/internet/main/publishing.nsf/Content/healthy-kidschk>.

Maternal and Child Health

The *Child Wellbeing and Safety Act 2005* (Victoria) requires notification of births to local councils for the purposes of continuum of care with local maternal and child health services. The Maternal and Child Health (MCH) service is provided in partnership with the Municipal Association of Victoria, local government and the Department of Education and Training to promote healthy outcomes for children and their families. The service has three components.

Universal MCH service

The service delivers a free, statewide service for all families with children aged from birth to school age. The service offers Ten Key Ages and Stages (KAS) consultations, including a home visit following receipt of birth notification and then consultations at two, four and eight weeks; four, eight, twelve and 18 months; and two and three and a half years of age.

Each consultation is an opportunity to discuss concerns, talk about the parenting experiences and learn how to improve the child's health, growth and development. The Parental Evaluation of Developmental Status is used at each KAS consultation from four months. This is used to engage parents in a conversation about their child's development and informs whether further assessment, intervention, referral and/or supports are required.

Enhanced MCH service

This service is provided in addition to the services offered through the universal MCH service. It provides a more intensive level of support for children and families at risk of poor outcomes, in particular where there are multiple risk factors, including drug and alcohol, mental health and family violence issues.

MCH Line

This 24-hour telephone service provides advice, support, counselling and referral for families. The contact number is 13 22 29.

For further information about the MCH service and guidelines visit <www.education.vic.gov.au/childhood/professionals/health/Pages/maternalchildhealth.aspx>.

Primary School Nursing Program

The Primary School Nursing Program is a free service offered by the Department of Education and Training to all children attending primary schools in Victoria. The program is designed to identify children with potential health-related learning difficulties and to respond to parent/carer concerns and observations about their child's health and wellbeing. Primary school nurses visit schools throughout the year to provide children with the opportunity to have a health assessment, provide information and advice about health and development, and link children and families to community-based health and wellbeing services. Other activities offered by the program may include formal and informal health education and health promotion initiatives. For further information visit <http://www.education.vic.gov.au/school/teachers/health/pages/nurses.aspx>

Targeted services

Better Start for Children with a Disability initiative

The Better Start for Children with Disability initiative created new items in the Medicare Benefits Schedule for the early diagnosis and treatment of children with an eligible disability. Medicare items are available for assessment, diagnosis and the creation of a treatment and management plan by a specialist or consultant physician or a general practitioner for a child aged under 13 years. A general practitioner, specialist or consultant physician can refer a child to an eligible allied health provider to assist with diagnosis of the child or for the purpose of contributing to the child's disability treatment and management plan. For further information visit <http://www.health.gov.au/children-disability>.

Child and adolescent mental health services

Specialist child and adolescent mental health services are provided for children and adolescents up to the age of 18 years with serious emotional disturbance. This includes young people with a psychiatric disorder whose condition is considered seriously detrimental to their growth or development and/or where there are substantial difficulties in the person's social or family environment. Emotional disturbance in childhood and adolescence may present in a variety of ways. While symptoms may include impaired reality testing, hallucinations, depression and suicidal behaviour, emotional disturbance in childhood presents more often in other ways. Hyperactivity, nightmares, fearfulness, bed-wetting, language problems, refusal to attend school, and stealing are among the behaviours that may indicate distress or disturbance. For further information visit <http://www.health.vic.gov.au/mentalhealth/services/child/>.

Child FIRST and Family Services

Child FIRST and family services are funded by the Department of Health & Human Services to provide support and assistance to vulnerable children and young people (from pre-birth up to 17 years of age) and their families where there are concerns about the wellbeing of the child or young person. Child FIRST is the community intake into family services or other services that support families in their community. Family services provide a case work approach that aims to enhance parenting capacity and skills, parent–child relationships, child development, and social connectedness. This may include outreach, in-home support, family decision-making/family group conferencing, group work, counselling, brokerage, linking families into universal and other secondary support services. For further information about Child FIRST and family services and the contact for your local Child FIRST visit:

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>.

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/family-services-program>.

Cradle to Kinder Program

The Cradle to Kinder Program (including Aboriginal Cradle to Kinder) is an intensive ante and post natal support service to provide longer term, intensive family and early parenting support for vulnerable young mothers and their families, commencing in pregnancy and continuing until the child reaches four years of age. Cradle to Kinder supports young pregnant women (under 25 years) where:

- a report to Child Protection or referral to Child FIRST has been received for an unborn child where the referrer has significant concerns about the wellbeing of the unborn child, or
- there are a number of indicators of vulnerability/concerns about the wellbeing of the unborn/newborn child and the woman is not involved with the Child Protection system.

Within this defined target group, priority of access will be given to young women who are, or have been, in out-of-home care, Aboriginal women and women who have a learning difficulty.

For further information about Cradle to Kinder visit:
<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/cradle-to-kinder-program>.

Early Childhood Intervention Services

Early Childhood Intervention Services (ECIS) are funded by the Department of Education and Training to support children with disabilities or developmental delay from birth to school entry age and are tailored to meet the individual needs of the child and respond to the particular concerns and circumstances of the family. ECIS provides support, planning, service coordination and individual learning and development programs. Services are focused on supporting children and families in their everyday experiences and activities and helping them to actively participate in family and community life.

ECIS Intake provides the entry point to ECIS and applications for ECIS should be directed to the ECIS Intake team in each region. ECIS Intake determine whether the child meets the eligibility criteria for ECIS, work with the family to identify concerns, plan for next steps, and provide information and linkages to universal and specialist services to help meet identified family need. Further information about ECIS and application to access the service, visit <http://www.education.vic.gov.au/childhood/parents/needs/pages/ecis.aspx>.

In terms of eligibility ECIS draw from the *Disability Act 2006* definition of developmental delay and disability. However, children do not require a formal diagnosis to be eligible for ECIS.

Section 2 of the Act defines **developmental delay** as 'a delay in the development of a child under the age of six years which:

(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments **and**;
(b) is manifested before the child attains the age of 6 years; **and**
(c) results in substantial functional limitations in one or more of the following areas of major life activity:
    (i) self-care;
    (ii) receptive and expressive language;
    (iii) cognitive development;
    (iv) motor development; **and**
(d) reflects the child's need for a combination and sequence of special interdisciplinary, or generic care, treatment or other services which are of extended duration and are individually planned and coordinated;

Section 2 of the Act defines **disability** in relation to a person as

(a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which:
    (i) is, or is likely to be, permanent; **and**
    (ii) causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; **and**
    (iii) requires significant ongoing or long term episodic support; **and**
    (iv) is not related to ageing; or
(b) an intellectual disability; or
(c) a developmental delay.

For further information visit
<http://www.dhs.vic.gov.au/for-individuals/disability/your-rights/disability-act-2006>.

Healthy Mothers, Healthy Babies

This is a non-clinical antenatal program which aims to improve the health and wellbeing of vulnerable pregnant women and their babies by providing assistance to access health and human services; support throughout pregnancy; and delivery of health promotion messages that support healthy behaviours in pregnancy and beyond. Services provided include individual and group-based health education and support, assessment and referral, connection to peer and social support and brokering of effective clinical care. The program is delivered in Local Government Areas that have high numbers of births, higher rates of socioeconomic disadvantage, and lower service accessibility. Target groups include young women, Aboriginal women, women from refugee or child protection backgrounds, as well as women experiencing mental health and drug and alcohol issues. For further information visit <http://www.health.vic.gov.au/pch/cyf/mothers_babies.htm>.

Helping Children with Autism Program

The Helping Children with Autism program commenced on 1 July 2008, and created items in the Medicare Benefits Schedule (MBS) for the early diagnosis and treatment of children with autism or any other pervasive developmental disorder. Medicare items are available for assessment, diagnosis and the creation of a treatment and management plan by a consultant paediatrician or a psychiatrist for a child aged under 13 years. The consultant paediatrician or psychiatrist can refer a child to an eligible allied health provider to assist with diagnosis of the child or for the purpose of contributing to the child's treatment plan. For further information visit <http://www.health.gov.au/internet/main/publishing.nsf/Content/autism-children>.

Student Support Services

Funded by the Department of Education and Training, Student Support Services assist children and young people faced with learning barriers to achieve their educational and developmental potential. They provide strategies and specialised support at individual, group, school and network levels. Student Support Services officers work as part of an integrated health and wellbeing team within networks of schools, focusing on providing group-based and individual support, workforce capacity building and the provision of specialised services. These services include a broad range of professionals including psychologists, guidance officers, speech pathologists, social workers and visiting teachers. For further information visit <http://www.education.vic.gov.au/school/principals/health/pages/ssso.aspx>.

Inclusion support

Early parenting services

Early parenting centres offer a range of specialised support, counselling and advice services aimed at supporting parents who need additional support to care for their infant/toddler from pregnancy to four years of age. The services are focused on building parenting capacity and skills, enhancing the parent–child relationship and strengthening a family's link with their community.

Early parenting centre services are funded by the Department of Health & Human Services to provide:

- day stay services – an intensive day program providing early parenting support
- residential services – a centre-based intensive parenting program in which parents stay at the centre for a five day period to build their parenting competence and capacity
- home-based services – services where skilled staff visit the family in the home to provide one-on-one parenting skills and education
- group services – group-based programs attended by parents and their children designed to improve parent-child relationships and interaction.

For further information visit:

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/about-early-parenting-services>

<http://www.tweddle.org.au/>

<http://www.qec.org.au/>

Early Start Kindergarten

Early Start Kindergarten provides up to 15 hours of free or low-cost kindergarten to eligible three-year-old children where programs are offered by a qualified teacher. A child is eligible for Early Start Kindergarten if they are at least three years old by 30 April in the year they will be attending a kindergarten program, and they are either:

- known to Child Protection (or referred by Child Protection to Child FIRST) or
- Aboriginal and/or Torres Strait Islander.

For further information visit
<http://www.education.vic.gov.au/childhood/parents/kindergarten/pages/earlystart.aspx>.

Inclusion and Professional Support Program

The Inclusion and Professional Support Program is a Commonwealth Government program. Its objective is to promote and maintain high quality, inclusive education and care, for all children, including those with ongoing high support needs, in eligible child care and early learning settings. This is achieved by increasing the knowledge and skills of educators, and the capacity of services, through providing professional development, advice and access to additional resources and inclusion support. The program aims to remove the barriers to access for children with additional needs through the provision of inclusion support. This is achieved through the Inclusion Support Agencies, Inclusion Support Subsidy and Flexible Support Funding.

The target groups for inclusion support are:

- children with disability, including children with ongoing high support needs
- children from culturally and linguistically diverse backgrounds
- children from a refugee or humanitarian intervention background
- Indigenous children.

For further information visit <http://education.gov.au/inclusion-and-professional-support-program>.

Kindergarten programs

Children go to kindergarten (also referred to as preschool) in the year before school, usually when they are four years old. However, some services and centres also offer kindergarten programs for three-year-old children.

For further information visit
<http://www.education.vic.gov.au/childhood/parents/kindergarten/Pages/about.aspx>.

Parent–Child Mother Goose Program

This program provides a group experience for parents and young children based on the oral traditions of rhymes, songs and storytelling. The program enhances language development and builds children's ability to think beyond the here and now. For further information visit <http://www.playgroup.org.au/Programs---Projects/Parent-Child-Mother-Goose-Program1.aspx>.

Playgroup

Playgroup is for babies, toddlers and pre-schoolers and their parents or carers. Babies are offered play experiences to stimulate their senses. Toddlers practise using their hands, problem solve and use their emerging language skills. Preschool children practise social skills – an important preparation for kindergarten and school. Adults stay with their children at playgroup. This gives them the chance to meet other people going through similar experiences and ease the isolation that can come with caring for young children. Families can be gently introduced to community, health and support services while they are at playgroup. For further information visit <http://www.playgroup.org.au/Playgroup.aspx>.

Preschool

Refer to 'Kindergarten programs'.

Preschool Field Officer Program (PSFO)

This program provides support to educators in government funded kindergarten to support the access and participation of children with additional needs in inclusive kindergarten programs. This is provided through the consultative support, resourcing and advice to educators.
For further information visit <http://www.education.vic.gov.au/childhood/providers/needs/Pages/kinderinclusionsupport.aspx>.

Smalltalk

This program is based on evidence that suggests that children's language development and early learning is shaped by the frequency and quality of the interactions they have with their parents in the early years, and the level of stimulation of the home environment. The program is available in 17 local government areas across Victoria and is run in parent groups for families with babies aged 6–12 months and in supported playgroups for families with toddlers aged 12–36 months. Groups are led by experienced facilitators trained in the Smalltalk program. For further information visit <http://www.earlyhomelearningstudy.net.au/parents/where-is-smalltalk>.

Other resources

Specialist practice resources – child protection

Specialist practice resources provide additional guidance on information gathering, analysis and planning, action, and reviewing outcomes in cases where specific complex problems exist or with particular developmental stages in children's lives. These resources have been developed to support child protection and other professionals working with children and their families.

A series of resources are available at www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers

Appendix 4: Case studies

Partnerships

Parent–Child Mother Goose Program – partnership with a Maternal and Child Health Service: Addressing the need for timely referral of vulnerable families to Child and Family Services

For the last six years the Inner East Community Health Service (IECHS) Child and Family Team have partnered with a Parent–Child Mother Goose Program run by Maternal and Child Health Nurses in an area of our catchment where the highest proportion of vulnerable families reside. This partnership has been strengthened by the collocation of services in the one venue.

The Parent–Child Mother Goose Programs are a unique blend of songs, rhymes and storytelling that are shared between parents in a pair with their very young children (birth to two years) in group situations. The program is slow and responsive in pace, to help adults become attuned to their children. Research has demonstrated that children in stressed and/or disadvantaged families are vulnerable to attachment difficulties, language and cognitive delays, delays in understanding the emotions of self and others, delays in expressing concerns and needs and delays in social skills. It also tells us that adults and children in vulnerable families do not share as many songs, rhymes, stories and mutually engaging, warm moments when compared to others. Sharing songs, rhymes and stories with others connects people with each other, emotionally engaging them with their infants and involving them in a group, all designed to support and enhance carer–infant and carer–young child attachment bonds and to develop communication processes.

Up to 20 parent–child pairings have attended each week with the majority of referrals coming from the Maternal and Child Health Program. Inviting clinicians to partner in this program has enabled the IECHS Child and Family Team to engage with a population of families that would otherwise not attend clinical services, and subsequently has facilitated referral pathways to the Child and Family Team especially very young babies. Once engaged with one or more of the clinical staff, support for these families from the rest of the team has been made possible.

Due to the success of this collaboration it is felt that other similar programs such as culturally and linguistically diverse (CALD) speaking Parent-Child Mother Goose programs could be pursued to meet the needs of growing CALD communities who are even less supported socially and are less likely to attend the services they need. The IECHS Chinese-speaking psychologist would be keen to partner with this new program to assist in engaging young Chinese mothers in a supportive and nurturing way. Subsequently families will be more likely to follow-up with suggested referrals to other services to meet any additional needs. For further information visit <http://www.iechs.com.au/service/speech-paediatric>.

Allied Health Assistants

Active Lorikeets: Addressing readiness for school entry

A long waiting list for public paediatric speech pathology and occupational therapy services prompted the development of the Active Lorikeets program. It is a ten-week block program for preschool children requiring speech or occupational therapy to accelerate development of their language and fine motor skills. This program was developed and supervised by Gippsland Lakes Community Health (GLCH) allied health professionals and is coordinated by Grade 2 allied health assistants (AHAs), who assist with the delivery of group sessions.

The occupational therapist and speech pathologist, supported by the AHAs, screen each referred child for their suitability to participate in the program, using the Brigance and the Renfrew Action Picture test to determine each child's requirements.

Over a number of months, the AHAs build their skills and knowledge in the delivery of group activities, supporting children's skill development and involving parents in activities through a structured program of professional development. Activities, such as regular review of the books used for the children's group sessions, are included to facilitate development of the AHA's skills in asking children questions to check their understanding of the story and language used. Any issues requiring additional assessment, or outside the scope of the AHA role, are referred to the appropriate allied health professional.

Waiting times for speech and occupational therapy appointments at GLCH have been reduced from 33.3 to 13.5 days and 30.1 to 8.3 days respectively, since the introduction of the Active Lorikeets program. A process is in place to ensure that one-to-one service delivery is now clearly targeted at those children with highest need. The Active Lorikeets program ensures that each child receives the most appropriate level of intervention.

Through the delivery of information sessions to teachers and parents, the program has gained visibility in the community and is highly regarded as a mechanism for assisting children's skill development. Referral pathways are now well established. Anecdotal evidence from primary schools indicates that more children are reaching school with the appropriate level of language and fine motor skills to manage the challenges of the early school years. Further information visit <http://docs.health.vic.gov.au/docs/doc/Supervision-and-delegation-for-allied-health-assistants-case-studies>.

Team approach

Creepy Crawlies: An innovative transdisciplinary model of care.

Creepy Crawlies is an outreach, paediatric transdisciplinary initiative provided by cohealth formerly known as Doutta Galla Community Health in partnership with the City of Melbourne's Family Services. The model was developed based on an identified need to support low income and culturally and linguistically diverse (CALD) families in the community; this group has historically been difficult to engage.

This program was specifically designed to target marginalised and CALD families in the Carlton and North Melbourne area with concerns about their infant/toddler's (0–18 months) development utilising an existing established and accessible community facility. It provides a cost effective, holistic and timely approach to meet early developmental needs of families. Monthly drop-in screening sessions are facilitated by paediatric physiotherapists, occupational therapists, speech pathologists, a podiatrist and social worker. If further, more detailed assessment is required the family is referred to the appropriate service provider for profession specific expertise and specialised assessment.

This initiative has been successful in providing services to the target population resulting in increased access to and participation in community health services for these families. Families accessing this program along with Maternal Child Health Nurses, report that it provides an essential resource and necessary reassurance for families involved.

Objectives of the Creepy Crawlies program:

1. Create an accessible, culturally appropriate and responsive environment for low income and CALD families to discuss concerns about their own wellbeing and their infant/toddler's development.
2. Provide ongoing, timely services to build rapport, trust and confidence.
3. Provide a holistic approach to services through a transdisciplinary service model including physiotherapy, podiatry, occupational therapy, speech pathology and social work.
4. Resource families with simple strategies to address their own wellbeing and development of their infants/toddlers.
5. Identify caregivers or infants/toddlers with ongoing needs requiring profession specific assessment or therapy.
6. Achieve therapeutic outcomes for families i.e. reduction of reported stress, achievement of infant/toddler developmental milestones.
7. Support families to make connections with community based services.
8. Encourage and provide opportunities to build on parent to parent support and networking.
9. Resource early years providers to support families and children with their wellbeing and general development.
10. Promote opportunities for appropriate attachment between parent and child.

Further information visit http://www.melbourne.vic.gov.au/CommunityServices/ForMyFamily/ParentingServices/Pages/ChildrensDevelopmentalClinic.aspx

Building capacity of parents

Short-term play-based therapy groups at Latrobe Community Health Service

'Parent' (including mum, dad, grandparents, foster parents and other carers) and child attend short-term play-based therapy groups which incorporate all major areas of pre-kinder and school development including gross motor, fine motor, speech, language and social skills.

Each child is assessed using an interprofessional tool; parents are interviewed and complete a questionnaire. The keyworker provides feedback to the parents and together they identify the goals for the child both in the session and at home. The key worker adopts the parents' priorities for the development of the goals. Parents are encouraged to participate in all activities with their child. We try to plan activities that maximise parent involvement. The best activities are often those where parent and child work together to achieve an end goal.

Practitioners demonstrate different activities and provide practical ideas for activities that could be done at home. Practitioners use resources that can be found around home or easily created by the parents. In some cases where resources have been made for a group activity, parents are given copies of the resources to repeat the game at home.

Three to four practitioners attend the group at the one time. This allows the practitioners adequate flexibility and opportunity to speak with the parents about their child's skills and provide advice while the child is doing the activity. Adequate staffing in larger groups also helps parents feel that they can approach a practitioner to discuss their child's needs.

We have observed that our model empowers parents to do 'therapy' at home and debunks the myth that therapy is boring and/or hard and time consuming. We observe a shift in the parent's attitude away from thinking only the therapist can help the child. Parents observe how we facilitate and will leave with an 'I can do that!' attitude. Working in a group setting gives the parents the opportunity to watch, discuss and develop new skills from each other and observe other children experiencing difficulties. Children love having the full attention of their parent/s during the group, and parents can see the benefits that one-on-one time together can have on their child's development.

Evaluation by the parent is undertaken at the beginning and at the end of the groups of their level of capacity. Areas of interest are level of stress experienced regarding child's development, capacity to join groups and visit friends with child, skill level to help child, ability to identify change in child's skill level and parents confidence to help child. The majority of families report improvement in their capacity.

Acronyms

AEDC	Australian Early Development Census
AHA	Allied health assistant
CALD	Culturally and linguistically diverse
CHchs	Community Health child health services
CHMDS	Community Health Minimum Data Set
ECIS	Early Childhood Intervention Services
GP	General practitioner
MCH	Maternal Child Health
NDIS	National Disability Insurance Scheme
VCAMS	Victorian Child and Adolescent Monitoring System

Glossary

Aboriginal

Throughout this document the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander people.

Communication skills and general knowledge (AEDC domain) [2]*

This encompasses effective communication methods and having adequate general knowledge.

Community Health child health services (CHchs)

Services provided to the child target population which are funded through the Community Health Program.

Developmental delay

Developmental delay is the term used when a young child is slower to reach milestones than other children. Delay may occur in the way a child moves, communicates, thinks and learns, or behaves with others. A delay may be transient (temporary) or persistent (permanent). Persistent delays are also called 'developmental disabilities' and can be signs of more serious conditions.[3]

Early intervention

Early intervention refers to intervening early in the disease, issue or life course to minimise adverse effects and promote ongoing health and wellbeing. The aims of early intervention include minimising the impact of disease, remediating existing or emerging issues, preventing disease progression and promoting self-management and adaptive methods of living.

Emotional maturity (AEDC domain) *

This encompasses the ability to age appropriately identify and regulate both positive and negative emotions.

Language and cognitive skills (AEDC domain) *

This encompasses the range of language and cognitive skills (attention, memory, problem-solving) required for children to engage and competently participate in everyday tasks.

Model of care

A model of care is an overarching design for the provision of a particular type of health care service that is shaped by a theoretical basis, evidence base and defined standards.[4]

Physical health and wellbeing (AEDC domain) *

This encompasses overall health and physical functioning, including gross and fine motor skills.

Social competence (AEDC domain) *

This encompasses overall social development as well as how they play, share and get along with other children.

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2 *Retrieved from AEDC <http://www.aedc.gov.au/?doc_id=14777>
3 Retrieved from Raising Children Network, the Australian Parenting Website. <http://raisingchildren.net.au/>
4 Retrieved from World Health Organization, <http://www.who.int/whr/2010/en/>

Specialist health service

Specialist care refers to care usually provided by medical specialists or other health care professional who generally do not have first contact with a person who requires intervention and support.

Targeted health service

Services that respond to an identified and defined need by offering specific support and intervention.

Universal health service

Also defined as universal health coverage in which all people have access to services and do not suffer financial hardship paying for them.

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