


VICTORIAN ABORIGINAL CHILD CARE AGENCY

Aboriginal Cradle to Kinder





Doing It Our Way – Aboriginal and Torres Strait Islander-led early intervention program

From 2020 to 2021, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across the nation.

This is one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

Victorian Aboriginal Child Care Agency
Aboriginal Cradle to Kinder
Melbourne, Victoria

ACRONYMS

AC2K	Aboriginal Cradle to Kinder program
C2K	Cradle to Kinder program
DHHS	Department of Health and Human Services (Victoria)
NCFAS	North Carolina Family Assessment Scale
VACCA	Victorian Aboriginal Child Care Agency



OVERVIEW

The Aboriginal Cradle to Kinder Program (AC2K) is a child and family service that was designed as an intensive longer-term antenatal and postnatal Aboriginal and Torres Strait home-visitation program. The program starts during a woman's pregnancy and continues until her infant is four years old. One of its key aims is to provide targeted in-home support to Aboriginal and Torres Strait Islander mothers who are at increased risk of having their child removed by the state's child protection agency, the Victorian Department of Health and Human Services (DHHS).

The Victorian Aboriginal Child Care Agency (VACCA) has been running AC2K since 2014, adapting it from the mainstream Cradle to Kinder program (C2K).¹ Through the program, VACCA aims to provide a culturally competent, sensitive and respectful service to Aboriginal and Torres Strait Islander families, supporting a vulnerable mother and her family as early as possible into her journey of motherhood. This support includes working with children, parents/carers and extended family members to strengthen connections to family, community and culture.²



THE PROGRAM

"Giving young mums and dads and their Boorais (babies) a great start on their journey from pregnancy to preschool. We support young Aboriginal and Torres Strait Islander women who are pregnant and experiencing stressful life experiences like financial pressure, social isolation and limited support while being pregnant"

VACCA website³

Aboriginal and Torres Strait Islander women start with the AC2K program during pregnancy and continue until the child is aged four years. During this time, they are supported in preparing for the birth, parenting, and learning about child development. They also build skills and routines in caring for babies and young children to keep their children safe, happy and well. Where relevant, they learn about dealing with stress, budgeting, how to be more independent, and how to access employment pathways. The program is designed to build the overall capacity of vulnerable Aboriginal and Torres Strait Islander mothers so that they can provide for their children's health, development and safety over the longer term and as circumstances change.

VACCA delivers the program across Victoria's north, west, and Gippsland regions, with bases in Dandenong, Morwell, Preston and Werribee.

Aboriginal and Torres Strait Islander women gain access to AC2K through referrals from Victoria's child protection services, Child FIRST,⁴ antenatal staff (for example, the woman's obstetrician or midwife) and other family service programs. The program is voluntary and eligibility criteria include:

- mothers under 25 years of age who identify as Aboriginal and Torres Strait Islander
- women who are currently pregnant or within their first six weeks post-birth and who are at risk of child protection services involvement, have had child protection services involvement or limited supports as a child, have received a child protection report, or exhibit indicators of vulnerability (poverty, homelessness, domestic violence etc.).

The program prioritises young mothers, mothers with intellectual disabilities, and women who have been or currently are in out-of-home care. Women with a disability who are over 25 years old are

also eligible for the program. While the program encourages participation by both parents/carers, "generally it [is] the mother who [is] the primary guardian of the infant and the recipient of the AC2K support".⁵

At the start of her time with AC2K, a mother is allocated a VACCA AC2K practitioner who visits the family home at least weekly and provides integrated and coordinated support to the mother and family. The AC2K practitioner works in partnership with the mother to address her adverse life circumstances and parenting needs, implementing measures that will achieve positive child outcomes and respond to the changing needs of the family over time. The program adopts a tailored approach whereby each family is provided with an individualised plan of core interventions, while VACCA's home visits assist the practitioner to successfully bring about lasting positive change in the area most pertinent to the family – the family home.

A multidisciplinary team of specialist staff underpins the model and members are often called upon for their specialist skillsets. This includes maternal and child health nurses and early childhood-parenting workers.

The key focus areas of the program include:

- strengthen the mother's parenting skills and confidence (for example, feeding infants)
- support healthy infant development (for example, removing harms from the environment)
- encourage healthy lifestyle behaviour change (for example, drug and alcohol reduction and increased healthy nutrition)
- enhance connection to community and culture
- address wider psychosocial challenges (for example, financial and housing instability)
- promote positive parent/carer-child relationships and attachment.

The program continues to support families in situations where parents/carers may require a short break from parenting or they have received a notification, and children have short-term stays with their grandparents or extended family due to protective concerns. In such situations, AC2K practitioners continue to work both with the children in their temporary placement and with the parents/carers.

Over a three-year period (2014–2017), the program was delivered to 30 families in the north of metropolitan Melbourne, with each fulltime VACCA AC2K practitioner supporting eight women.⁶

"I think it is really good to have a supportive worker during your pregnancy. I found that really helpful with my pregnancy. I got a lot of support and help to appointments, check-ups and getting ready for the baby. It is basically just preparing for the baby. It was really good to be supported during that time"

AC2K mother

PROGRAM ACHIEVEMENTS

From 2018 to 2019, an evaluation of the AC2K program was conducted to explore the impact of the program on family functioning, maternal health and child wellbeing after women had undertaken 12 months of engagement with the program.⁷ This was conducted as part of a broader evaluation of the Cradle to Kinder program in Victoria, commissioned and implemented by VACCA and MacKillop Family Services, with this particular component undertaken in partnership by VACCA and the Health and Social Care Unit, in the School of Public Health and Preventive Medicine at Monash University.



The aims of this evaluation were to examine the feasibility of the AC2K program, including its strengths and limitations; evaluate the program's implementation through qualitative methods; and assess AC2K's effectiveness on maternal and child health outcomes through quantitative methods.

The evaluation covered three VACCA sites and qualitative and quantitative methods were used to explore the program's impact on families:

- A qualitative first stage drew on one-on-one interviews with women who had received the program (Aboriginal and Torres Strait Islander mothers) and those who assisted in the delivery of the program (VACCA AC2K practitioners), exploring the program processes and benefits. Seven mothers and six workers (sample size of 13) participated in this study.
- A longitudinal quantitative second stage measured the progress of mothers participating in the program against key outcome domains aligned to seven program outcomes developed at the beginning of the evaluation. Progress was measured at three data collection points: when the mother is pregnant at intake, at six months, and 12 months of engagement with the program. Quantitative data was provided for 33 families involved in the program.

The key quantitative tool that was used was the North Carolina Family Assessment Scale (NCFAS).⁸ The NCFAS includes a total of 58 items that are measured on a six-point scale (-3 to +2), where a score of -3 = 'serious problem' and a score of +2 = 'clear strength'. Items are presented on eight domains: environment; parental capabilities; family interactions; family safety; child wellbeing; social life; self-sufficiency, and family health. The NCFAS was slightly modified in this evaluation because one item relating to weapons was removed from the family safety domain as it was considered not relevant in the VACCA context.

The eight domains were aligned to the program outcomes:

- improve child health and optimise child development from pre-birth to four years of age
- promote child safety and stability
- promote positive parent/carer-child relationships and attachment
- strengthen parenting capacity of the mother and father

- strengthen parents'/carers' mental health, communication and problem-solving skills
- increase family's connection to their culture and community
- promote the family's financial and social self-reliance.

The evaluation found that the longer-term antenatal and postnatal support – over a nearly five-year period – is fundamental to achieving sustained outcomes for vulnerable families. It noted that both women participating in the AC2K program and VACCA staff who carried out program delivery positively assessed the program and its processes, while the program has clearly yielded significant changes in key aspects of family functioning, maternal health and child wellbeing after mothers' 12 months of engagement. Findings from the qualitative stage showed that the key strengths of AC2K, as identified by stakeholders, were that the program supported women to connect to their culture and increase their parenting skills, as well as provided them with holistic support.

The evaluation's quantitative findings showed improvements across all eight domains for the mothers from intake to closure. Significant increases were found in self-sufficiency, family safety, and social / community life. While the results indicated an overall increase from intake to closure for all eight domains, all domains (except for self-sufficiency) demonstrated a decrease between interim to closure. This is thought to indicate a more realistic assessment at closure, based on the mothers' increased knowledge.

- Family safety – assessing improvements and reductions in domestic violence, family conflict, physical or emotional abuse, sexual abuse, and neglect of children – families significantly increased their level of safety throughout their engagement in the program, with the average score increasing from -0.32 at intake to 0.63 at closure.
- Self-sufficiency – assessing improvements in caregiver employment, family income, financial management, food or nutrition, and transportation – at program closure, families had significantly improved their capacity to be more self-sufficient. The average score of families at intake was -0.76, rising overall to 0.19 at closure. The most significant increase was from intake to interim, with scores also showing an increase from interim (0.05) to closure (0.19).



- Parenting capabilities – assessing improvements and reductions in supervision of children, disciplinary practices, enrichment opportunities, interference of substance use, promotion of child’s education, control of access to media, and parental literacy – families increased their parenting capacity from program intake (-0.07) to closure (0.69). Scores at the interim point demonstrated a slight decrease from interim (0.85) to closure (0.69).

FUNDAMENTAL ELEMENTS OF SUCCESS

Fundamental to the success of the AC2K program is the long-term support by the program’s AC2K practitioners, as well as their dedication to develop relationships of trust with families and build the confidence of the mothers. As AC2K practitioners operate in a culturally safe way and have been able

to ground all interactions and activities in culture and community, they have been able to demonstrate respect and quickly establish trust with the mothers. This in turn has created supportive environments in which families feel safe and willing to engage. The AC2K practitioners take care to show that they are there to walk alongside a family through the child’s most formative years, with practitioners supporting families to become the best parents/ carers and caregivers that they can be. Their help and dedication go on to empower these mothers to access further supports outside of the program and receive the holistic care required to raise healthy babies.

“They are all about culture. They are really good with support and cultural needs, and that is a priority within VACCA. They are always good with stuff like that”

AC2K mother



"I would recommend C2K to other people as well because it is more family-based than a support kind of thing, which is a good thing. You feel like you are talking to a family member instead of a worker. You have those who come out for support and who don't often get the full connection, but with the C2K program, they are not just working with the child, they are working with the entire family"

AC2K mother

COMMUNITY OWNERSHIP AND INVOLVEMENT

VACCA is an Aboriginal community-controlled organisation that has been protecting and promoting the rights of Aboriginal and Torres Strait Islander children, their families and communities for over forty years. It recognises that this role in community allows it to know what works for local Aboriginal and Torres Strait Islander communities. It also has strong Aboriginal and Torres Strait Islander governance arrangements that ensure Aboriginal and Torres Strait Islander leadership and oversight over all VACCA programs and practices, while an Aboriginal and Torres Strait Islander project steering group represents VACCA's Aboriginal and Torres Strait Islander staff across each program and region. This group provides community guidance, consultation and input, ensuring strong community ownership and engagement in all VACCA activities.

Staff across the AC2K program, from management to practitioner levels, include Aboriginal and Torres Strait Islander community members. This has translated into community members being involved in the design, delivery and improvements of the AC2K program. These members have then also been able to provide inbuilt team knowledges into which parts of the program would resonate with local Aboriginal and Torres Strait Islander communities and which parts may require adaptation through a cultural lens. AC2K practitioners have also been able to leverage off their positions in and knowledge of communities to quickly connect, build rapport, and demonstrate understanding with Aboriginal and Torres Strait Islander mothers.

To ensure that VACCA programs are genuinely being led by community, the organisation invested two years towards designing an information-gathering tool that would help staff to yarn with families in such a way that they now can draw out important information about families' needs, strengths and goals. This information tool guides VACCA and the AC2K program's work with community and provides the framework for case reviews.

VACCA has also developed a community outcomes measurement tool, which measures outcomes across three domains: connect, heal, and protect. The tool focuses on the cultural determinants of health and wellbeing of Aboriginal and Torres Strait Islander people, including connection to community, family and kin, land, rivers, Country, body, mind, emotions and spirituality. Currently, the tool is being piloted and will be rolled out for use more broadly on pilot completion, including to AC2K participants and families.

The AC2K program has also participated in VACCA's Cultural Therapeutic Ways project. As part of VACCA's commitment to strengthening and growing cultural safety, cultural competency and wellbeing, it developed and runs this project to provide an organisation-wide approach that guides the organisation's work with families, community and staff. This project also brings together theories of self-determination and trauma with culture to outline what individuals and families can expect when engaging with VACCA and its programs.

In addition to these measures, through their employment at VACCA, AC2K staff undertake cultural awareness training and ASQ Trak training for caseworkers. As well as implementing these trainings in their activities with families, AC2K practitioners employ the ASQ Trak tool, a developmental screening tool for observing and monitoring the developmental progress of Aboriginal and Torres Strait children at two months, six months, 12 months, 18 months, 24 months, 36 months and 48 months of age.⁹

CULTURAL SAFETY IN ALL PROGRAM ASPECTS

The wider C2K model recognises the "challenges faced in effectively meeting the needs of the most vulnerable children in our community", and that these vulnerable children from Aboriginal



and Torres Strait Islander and other cultural backgrounds require services that are culturally responsive and inclusive. It also identifies the need for services to keep Aboriginal and Torres Strait Islander children and young people connected to their culture and community.¹¹

“It was clear from all participants that culture is central to the participants’ identity, health and well-being. The women desired to engage with their cultural traditions, and their workers agreed that the programme had facilitated this in a myriad of ways”

Evaluation report¹⁰

VACCA’s AC2K program is an Aboriginal and Torres Strait Islander adaptation of this mainstream model. It has been developed specifically for Aboriginal and Torres Strait Islander families, acknowledging their unique circumstances, needs and values. VACCA recognised that optimal outcomes would only be achieved by using culturally appropriate resources and information, and where practitioners “considered the extended family, clans and kinship systems when planning action for the family”.¹² As a result, and through VACCA’s 40 years of experience, the AC2K program is grounded in culture.

It recognises that culture is a protective factor for Aboriginal and Torres Strait Islander families and places emphasis on supporting mothers to connect

to their culture and community. The program achieves this in several ways, including by staff helping mothers work back through their family history, obtain information about their heritage, and trace their family trees. Staff also organise cultural events and activities for families, where they can strengthen their knowledge of and pride in their culture as well as their community networks.

"My AC2K worker even helped me trace my family tree so I actually worked out where and when the Aboriginal part came into my family, which was so good"

AC2K mother

"The C2K cultural day holiday programme was one of the things which I was very proud of as it was one of the first programmes to have an Aboriginal focus that the case workers were involved in. That was quite unique, and I think it was important to create that space where the clients could do all these different things around culture. It becomes a community thing as it created friendship bonds between clients, which established a cultural community for them"

AC2K practitioner in an evaluation interview

Mothers have reported that through their participation on AC2K, they are able to find out information about their heritage, which had been absent from their understanding before they engaged with the program. This has both helped them feel connected to and supported by their community and helped them appreciate the importance of this connection for the wellbeing of their child.¹³

"The Aboriginal Cradle to Kinder program helped me get my papers. I had a lot of struggle connecting back with my culture, but they took a lot of time to help me, we went through my family history, and I managed to get my proof of Aboriginality last year through the program"

AC2K mother

A DHHS evaluation of both the C2K and the AC2K programs found that the AC2K program is having a positive impact on Aboriginal and Torres Strait Islander mothers' understanding of kinship connections and community networks, and the importance of these in supporting families and young children in the early years. This evaluation also recognised that the program was facilitating mothers' access to a broad range of culturally appropriate services and providing "a holistic response for Aboriginal and Torres Strait Islander families, which included... strengthening connections to family, community and culture".¹⁴

EMPOWERING AND RESPONDING TO THE HOLISTIC NEEDS OF FAMILIES

A further fundamental part of the AC2K success is that it adopts a flexible and individualised approach when working to meet the unique and holistic needs of each family. At the start of a family's engagement with the program, the AC2K practitioner will work through two assessments with the mother: a culturally safe assessment and a risk assessment. The AC2K practitioner will then use the VACCA information-gathering tool and VACCA's *Footprints to our Future* methodology to assess and document the family's situation and needs, create an individualised plan of core interventions, and assign clear tasks.

Through these assessments, tools and methodology, and by engaging in a deep listening process, AC2K practitioners hear mothers' stories and gather information about their holistic needs, working to genuinely understand what is important to the mother and her family. Practitioners then support families to identify their own priorities and goals through strengths-based work, and document these alongside clear tasks. The multidisciplinary team of specialist staff is called on when necessary to support each family to work towards achieving their identified goals and priorities.

To ensure that wider health and wellbeing issues are addressed, AC2K practitioners and specialist staff link families with relevant services within and external to VACCA. These have included mental health supports, access to employment pathways, and youth and leaving-care support services. In some cases, VACCA supports parents/carers to

undertake further studies and assists with childcare while they attend classes.

The 2019 evaluation found that mothers appreciated this level of comprehensive support, and that many of them had not experienced this level of wraparound support before.

"I was supported to do a civil construction course. They supported me with day care for my son at the time. I really wanted to do the course but was not sure how to get around with the baby. They recommended the day care centre and they helped me with the paperwork. I would not have attended the course if it wasn't for them"

AC2K mother

"When it comes to support, they have always been really, really good. Whenever I had an issue, they have come in and we have dealt with stuff straight away and they have put in good supports. They have always had a solution"

AC2K mother¹⁵

"When my mental health went really downhill, they put me in mental health-like programs and courses to reduce my anxiety and took me to appointments when I needed [those] as well. It has been really helpful [over] the last five years"

AC2K mother¹⁶

AC2K practitioners focus on working in partnership with parents/carers to address the challenges that each family is facing and support the family to build their own skills, including to be able to identify the resources and opportunities uniquely available to them. The flexible program model is designed to build each family's capacity, with the idea that strong independent mothers and families are able to provide for their children over the long term and will be resilient when facing future life challenges.

The development of a long-term relationship with a dedicated and trusted worker is affirming for mothers and families and is proving critical to strengthening and empowering these initially vulnerable families. Working off the principle of self-determination, parents/carers feel secure in making positive life changes and establishing social connections that will build their resilience. The AC2K's trauma-informed approach also provides participants with opportunities for healing together as a family.

SYSTEMS CHANGES NEEDED TO ENHANCE PROGRAM SUCCESS

As part of current Victorian state government reforms, the AC2K program is now coming under the umbrella of Aboriginal Family Preservation and Reunification programs. As such, VACCA is now assessing what adaptations are required to the program to align with the current reforms.

VACCA also notes that flexible and long-term funding is essential to achieving improved outcomes for Aboriginal and Torres Strait Islander families. Being funded in a flexible and ongoing manner means that the program can appropriately respond to the needs of families, as these change over time, and can provide intensive support to more vulnerable families as and when they require it. A funding model that recognises this and realises it in practice is paramount to ensuring Aboriginal and Torres Strait Islander families receive the appropriate and timely culturally safe supports that they require.



PARTICIPANT VOICES

"I have enjoyed getting a lot more confidence in my parenting. As someone who never really had very good parenting, having the worker there is really, really helpful. Having more knowledge, support, getting to know things, and getting Cradle to Kinder to help really has been the best for my parenting"

AC2K mother

"What I love about this program is that it is around for a long time. I have been a part of other programs that are short-term, and you don't get the same sort of support"

AC2K mother

"I would recommend C2K to other people as well because it is more family-based than a support kind of thing, which is a good thing. You feel like you are talking to a family member instead of a worker. You have those who come out for support and who don't often get the full connection, but with the C2K program, they are not just working with the child, they are working with the entire family"

AC2K mother

ENDNOTES

1. State of Victoria Department of Families, Fairness and Housing November 2017, *Cradle to kinder and Aboriginal cradle to kinder*, VIC.
2. State of Victoria Department of Health and Human Services August 2017, *Cradle to Kinder: Evaluation Summary*, VIC.
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