Child and Family Vulnerability Report

February 2012

"In order to achieve improved outcomes for families at risk, a paradigm shift is required, so that unequal outcomes are seen as social injustices, rather than as products of individual dysfunction or deficit." (Slee, 2006)

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Executive Summary

The need for this Child and Family Vulnerability project was determined as a priority by the Enhanced Best Start Reference Group. It is not the intention of this project to identify or determine a definition of vulnerability which meets all circumstances. Rather, it is to explore existing research and resources to consider the broad parameters that encompass child and family vulnerability and to develop a shared understanding and consensus between local practitioners: primarily between Maternal and Child Health and kindergarten services.

The project has involved a review of current research and literature which focuses on our understanding of vulnerability, the complexity of family situations, and the potential impacts on children and families when they face difficult circumstances in the short term or as an ongoing challenge.

Other areas of the project included a brief overview of brain development and its relationship to the life circumstances that children experience in their early years. Consultation with a range of key stakeholders was ongoing and fostered their input and feedback at different stages of the project. Local statistics and existing Best Start initiatives were considered as well as the current government agenda and new directions in the early years field.

When considering the parameters of risk and/or vulnerability for children and families, it is evident that there are common elements across the various definitions, factors and categories. These have been outlined in the report and used as the basis for the development of a guide to support practitioners in working with and a related recording format/tool.

Recommendations are focused around the need for multi-disciplinary training being provided jointly to MCH and kindergarten staff. It is hoped that this will promote a common understanding and consistent use of the tool across these services, and regular collection of data to support the use of funding and resources.

The Best Start Partnership and the Enhanced Best Start Reference Group are committed to using the information and recommendations in this report to work with other stakeholders, practitioners, services, agencies and organisations to improve outcomes for vulnerable children and their families in our local community.

Background

Greater Shepparton is one of two municipalities in Victoria to receive the three year funding for Enhanced Best Start. This funding is to undertake activities to promote and support:

- Improved rate in the initiation and duration of breastfeeding

- Increased participation rates in maternal and child health and kindergarten services for vulnerable children and families; with a particular focus on children referred to Child Protection and/or Child FIRST

In planning strategies to address the second indicator, the Enhanced Best Start Reference Group identified the need to establish a shared understanding of child/family vulnerability in local Maternal and Child Health (MCH) and Preschool (Kindergarten) services. Currently there is no identifiable shared or common understanding about assessing the parameters and level of vulnerability experienced by children in these services to support an integrated approach by practitioners in meeting their needs and those of their families.

This project was therefore designed to:

- Research the dimensions of child and family vulnerability

- Develop appropriate tools/resources to facilitate a shared understanding

- Facilitate improved identification of the geographical distribution and incidence of childhood vulnerability in Greater Shepparton

- Enhance the capacity of MCH and kindergarten to respond to the developmental needs of vulnerable children.

The literature review considers current research and practice with the aim of developing a consistent range of factors and situations around child and family vulnerability and promoting shared understanding. Consultation with key stakeholders is used to determine service needs and foster input about the parameters and practical aspects of the project outcomes.

A key strategy for the project is the need to develop a resource to guide maternal and child health and preschool practitioners in better identifying the vulnerable children across individual services. It is hoped that this strategy will assist with consistently identifying risk factors/situations for children within the services they currently access. A recording strategy will also be developed to help in maintaining appropriate data so that

resources and targeted interventions can support families to improve outcomes for their children. It is hoped that the tool will also help to identify factors contributing to families having difficulty accessing or consistently using maternal and child health and kindergarten services as well as other support services.

A practical tool, used consistently across these services, should promote an ongoing consensus between practitioners around the level of vulnerability experienced by a child in our early years services. It may also assist in developing ongoing strategies and guiding the use of resources to support positive outcomes for vulnerable children, within the service they access as well as in their family setting.

A review of the literature

Understanding vulnerability

There are many views about the term 'vulnerability' and a range of research and related literature which discuss its application to challenging circumstances often faced by many children and families in our society and local communities.

The Macquarie Dictionary (Australia's National Concise Dictionary. Fifth Edition) defines vulnerable as "susceptible to being wounded; liable to physical hurt; not protected against emotional hurt; highly sensitive; not immune to moral attacks...or influences; open to attack or assault; weak in respect of defence."

The Oxford Concise Dictionary describes "someone who is weak and without protection, with the result that they are easily wounded or hurt physically or emotionally' and the National Resource Centre on Child Maltreatment (1999) sees vulnerability as 'broadly referring to a child's capacity for self-protection."

Considering the broader concepts of vulnerability for children and families leads us to reflect on the work carried out by a range of educators and researchers in the early childhood field.

Vulnerability can be defined as situations in which a family's needs cannot be met from within their own resources or their kith and kinship networks and where services can make a valuable contribution to child and family well-being (Arney & Scott, 2011). They also put forward that "if honest, most/all families would acknowledge times when they have felt very vulnerable and their feelings of vulnerability have impacted on family life". In their work, Arney and Scott recognise "the important role of early childhood services in working with vulnerable families to give children the best start to life.'

Daniel, Wassell and Gilligan (1999) put forward the following description: "vulnerability can be defined as those innate characteristics of the child, or those imposed by their family circle and wider community which might threaten or challenge healthy development."

In the final report for a local project which looked at risk and wellbeing factors for 0-3 year old infants and young children in Greater Shepparton, West maintains that the vulnerability of this population is "heightened when they are born into families which are themselves 'vulnerable' due to a range of psycho/socioeconomic stressors which impact on the lives of family members." (Sharing Responsibilities, Exploring Opportunities. Infants in Vulnerable Families, 2004).

In order to meet the needs of children and families in universal, secondary and tertiary services, these and many similar definitions have been used to identify a range of factors which, individually or in combination, can contribute to short or long term vulnerability. Family vulnerability factors must be considered in direct relationship to risk factors for children as they have significant impact on their developmental and life outcomes.

According to Slee, the factors which place families at risk include (Families at Risk: The Effects of Chronic and Multiple Disadvantage. Slee, 2006):

- life chances – social inclusion

- living environments – housing and residential mobility

- living environments – neighbourhoods and social cohesion

- mental and emotional health and well-being

- support for parenting

- childcare

- service planning and provision

- intersectoral action (integrated service delivery).

Slee also considers that there is not a single cause which dictates family vulnerability but rather "chronic and multiple disadvantage, stressful life events and children with ongoing physical, developmental, emotional/behaviour problems."

In its report on Universal Access To Early Childhood Education (2009), the Centre for Community Child Health, The Royal Children's Hospital, Melbourne, considers that the term vulnerable can be applied to "families who make limited use of available services, sometimes referred to as 'hard to reach' families." This report also asserts that "many vulnerable families experience several concurrent barriers which impact on inclusion…low incomes, inadequate or insecure housing, health or mental health problems, problematic substance use, or domestic violence."

In this report, the following categories are used in focusing on fostering access to and ongoing participation in kindergarten for children in vulnerable families:

- indigenous children and their families

- culturally and Linguistically Diverse (CALD) children and refugee families

- children or families with a disability

- children known to Child Protection services and Family Support Agencies

- children in low socio economic circumstances.

In an article analysis of a study called "'Vulnerable Family' as understood by public health nurses"(2004), Mulcahy outlines the following factors as key considerations in identifying vulnerability for children and families:

- maternal factors – age, first- time mother, parenting skills, health (physical and mental) education, socio-economic status, social isolation,

- baby/child factors – child's health and/or developmental concerns/conditions,

- family factors – lack of extended family support, single parent, family violence

- environmental factors – employment, housing, isolation,

- combination of these.

In regard to identifying, assessing and working with families who need additional support to promote positive outcomes for their children, Carbone, Webb and Ramburuth in 'Breaking Cycles, Building Futures (2003), note the following groups who they consider are underrepresented in early years services:

- families with low incomes

- young parent families

- sole parent families

- indigenous families

- families from certain CALD communities

- families experiencing unstable housing or homelessness

- families experiencing domestic violence

- families with a parent who has a disability, problematic substance use and/or mental health problem

- families who had been in contact with protective services or the criminal justice system.

According to the Victorian Department of Human Services (DHS) Strategic Framework for Family Services (2007), vulnerable children, young people and families are likely to be characterised by:

- multiple risk factors and long term chronic needs, meaning that children are at high risk of developmental deficits

- children, young people and families at high risk of long term involvement in specialist secondary services, such as alcohol and drugs, mental health, family violence and homelessness services, and Child Protection

- cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm

- single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances

- single/definable risk factors that may need specialised one-off, short-term, or long-term responses.

The DHS Best Interests Case Practice Model (2010) outlines guidelines for practitioners to use in gathering and assessing information when working with vulnerable children and families. These guidelines are focused on the following key domains for professionals to consider in regard to the family setting:

- child safety, stability, development and wellbeing

- parent/carer capability

- family composition and dynamics

- social and economic environment

- community partnerships, resources and social networks.

For the individual child, the following considerations are recommended:

- connection to primary caregiver

- connection to childcare/friends

- connection to community

- connection to culture

- child's ability to make key connections

- transgenerational patterns – impact on the child of individual, family, community and historical trauma.

In their paper 'Engaging hard-to-reach families and children' (2009), Cortis, Katz and Patulny point out that Doherty, Hall & Kinder (2003) offer a different perspective by considering that the term vulnerable or hard-to-reach involves the following three groups:

"The underrepresented: groups that are marginalised, economically disadvantaged or socially excluded, whose disengagement from opportunity makes them underrepresented in social programs. This frame highlights how social, economic and cultural structures of disadvantage and exclusion can contribute to difficulty in ensuring that interventions reach particular groups.

The invisible or overlooked: families who may slip through the net when service providers overlook or fail to cater for their needs. This second frame focuses on how models of service provision may leave some groups underserved or alienated, and it draws attention to service providers' responsibility in ensuring access and appropriateness.

The service-resistant: those who choose not to engage with services, including those who may feel wary about service involvement (for example, for fear of children being removed). This frame emphasises individual characteristics and behaviours, including unwillingness to seek help due to lack of awareness of needs or services, and wariness due to prior service experience. More than the other two, this emphasises individual responsibility for service receipt and engagement, a frame which risks stigmatising the hard-to-reach as personally deficient."

This paper also argues that "the term hard-to-reach includes one or more of a number of disparate groups of families and individuals" including:

- indigenous Australians

- fathers

- culturally and linguistically diverse groups

- mentally or physically ill parents or parents with a disability

- parents of mentally or physically ill children or children with a disability

- parents who abuse substances

- teenage parents

- homeless families

- mobile or itinerant families.

Maternal and Child Health (MCH) services in Victoria are funded through the Enhanced MCH program to respond assertively to the needs of children and families at risk of poor outcomes, particularly where there are multiple risk factors. This service is provided in addition to universal MCH services and provides a more intensive level of support with the primary focus on the following risk factors:

- drug and alcohol issues

- mental health issues

- family violence issues

- families known to child protection services

- homelessness

- unsupported parent (s) under 24 years of age

- low income, socially isolated, single-parent families

- significant parent-baby bonding and attachment issues

- parent with an intellectual disability

- infants at increased medical risk due to prematurity, low birth weight, drug dependency and failure to thrive.

In "A Review of the Early Childhood Literature – Centre for Community Child Health, 2000, Dr. Sharon Goldfeld categorises risk factors and vulnerability under these headings:

- **child characteristics** such as low birth weight, birth injury, disability, low intelligence, chronic illness, delayed development, difficult temperament, poor attachment, poor social skills, disruptive behavior and impulsivity

- **parents and their parenting style** including single parent, young maternal age, depression or other mental illness, drug and alcohol abuse, harsh or inconsistent discipline, lack of stimulation of child, lack of warmth and affection, rejection of child and abuse or neglect

- **family factors and life events** such as family instability, conflict or violence, marital disharmony, divorce, disorganization, large family size, rapid successive pregnancies, absence of father and very low level of parental education

- **community factors** including socioeconomic disadvantage and housing conditions

These well-researched and practice-based definitions, and the associated factors which need to be considered in regard to child and family vulnerability, will form the basis of the local Vulnerability Guide developed from this project. The range of categories and sub-factors from the tool (Appendix 1) will also form the core material to be used in joint training sessions between preschool and maternal and child health practitioners to develop and maintain a common understanding in these early years services.

Family Complexity

Family complexity is also a key factor for practitioners in meeting the needs of children and families. Current research and practice in services which aim to support children and families who are experiencing short or long term vulnerability show that, though they may present with a single issue, further issues are usually identified as the relationship and communication are established. This adds to the complexity of working together towards positive outcomes.

In relationship to the range of issues which often face families, Mulcahy (2004) points out that "high priority families had one or more persistent problems…each requiring more than routine contact."

In its report on Universal Access To Early Childhood Education (2009), the Centre for Community Child Health considers that "many vulnerable families experience several concurrent barriers which impact on inclusion…low incomes, inadequate or insecure housing, health or mental health problems, problematic substance use, or domestic violence."

Working with a range of factors which create complex family situations is challenging for both families and practitioners, and should be supported by consensus between the practitioners and the consistent use of the Vulnerability Guide across services.

Child Development and Early Years Brain Research

Research into early childhood development and children's related brain development tells us that we need to focus on early intervention to prevent longer term, tertiary problems for children and young people. Adult health and wellbeing starts in infancy and the brain is significantly shaped by children's experiences in their early years. Caring, responsive interactions help children to learn language, develop appropriate emotional responses, create concepts and ideas, try to take on new skills and make sense of the world around them.

Dr. Jack Shonkoff tells us that "if we really want to build a strong platform for healthy development and effective learning in the early childhood years, then we must pay as much attention to children's emotional well-being and social capacities as we do to their cognitive abilities and academic skills." (Putting Children First: Their Future, Our Future, 2006).

He also believes that "services for vulnerable young children can have positive impacts on brain development that generate a significant return on investment over a lifetime" but this requires "expertise that matches the needs of the children and families served."

The Ontario Report (1999) asserts that, in view of current research evidence, "the period of early child development is equal to, or in some cases, greater in importance for the quality of the next generation than the periods children and youth spend in education or post secondary education."

It is critically important that all children have regular access to quality early childhood education and care programs, as demonstrated by research and acknowledged by the Australian Government in its current initiatives in the field. These include the National Quality Framework (NQF) for Early Childhood Education and Care, the National Quality Standards (NQS), the Early Years learning Framework (EYLF), Universal Access to Early Childhood Education, the Australian Early Development Index (AEDI) and nationally consistent regulations for all early childhood education and care services.

Friendly and Lero (2002) suggest that programs and initiatives such as those mentioned above "can make a significant contribution to social inclusion by supporting children's development, family well-being, community cohesion and equity."(Social inclusion through early childhood education and care, 2002).

Our early childhood services are crucial in providing appropriate programs and individual support for children and families. This can help to achieve the best outcomes for each child in regard to meeting their developmental needs and promoting their optimum chances for the best start in life. A consensus of thought and practice around identifying vulnerability is therefore a key factor for practitioners in undertaking their work.

Growing Up in Australia - The Longitudinal Study of Australian Children

The Longitudinal Study of Australian Children (LSAC) is conducted as a partnership between the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Institute of Family Studies and the Australian Bureau of Statistics. Advice is provided by a consortium of leading researchers. LSAC also incorporates *Footprints in Time:* The Longitudinal Study of Indigenous Children (LSIC).

LSAC aims to examine the impact of Australia's social and cultural environment on our next generation and will promote ongoing understanding of children's development in the early years and through to adolescence. It collects details of children's physical health and social, cognitive and emotional development, as well as their experiences in key environments such as the family, community, child care, pre-school and school.

LSAC and LSIC explore a range of areas related to children's development and wellbeing as well as that of their families, including, but not limited to the following:

- children's social and emotional development

- health status and risk factors

- learning environment and outcomes

- family demographics

- parenting

- home education and environment

- family housing/employment and finances

- social resources.

These areas align very closely with other research around the risk and protective factors for our children that are explored in this report. The study is designed to identify opportunities for guiding government policy to support positive outcomes for children and their families across Australia.

Impacts of Vulnerability

The impacts of vulnerability can be significant and life affecting for a child and/or family. However, according to the Australian Institute of Family Studies (AIFS), children can be exposed to similar experiences of abuse and neglect but "not be affected in the same way. A range of other life experiences and family circumstances - both positive and negative - impact on a child's vulnerability or resilience. These are referred to as 'risk and protective factors.' Resilience refers to the ability of a child to cope and even thrive after a negative experience." (Child Welfare Information Gateway, 2008)

Where a child experiences neglect and/or abuse with no significant protective factors in place (such as positive and supportive relationships with relatives and friends), the risk of more damaging outcomes is increased. High risk factors that 'may contribute to poorer outcomes for such children include socio-economic disadvantage, social isolation, dangerous neighbourhoods, large families and whether the child has a disability." (Dubowitz & Bennett, 2007).

Dr. Jack Shonkoff in 'From Neurons to neighbourhoods: The science of Early Childhood Development' (2000) maintains that "increasing levels of vulnerability and disadvantage particularly in the early years when the brain is developing are directly related to levels of co-morbidity, poor mental health outcomes and early death".

Consequences of ongoing vulnerability for children can include attachment problems; physical health problems; trauma and psychological problems; learning and

developmental problems; behavioural problems; mental health problems; youth suicide; eating disorders; drug and alcohol abuse; aggression, violence and criminal activity; teenage pregnancy; and homelessness.

The work of Dr. Bruce Perry reflects a similar view when he states that "many children who live within chronically chaotic households become traumatised by the exposure to family violence, poverty, social isolation, lack of supervision and chronic neglect, often resulting in impairments that are severe enough to be labelled a neuropsychiatric disorder (e.g. reactive attachment disorder, Post Traumatic Stress Disorder, Disassociative disorder)." (Homeostasis, Stress, Trauma and Adaption – A Neurodevelopmental View of Childhood Trauma 1998)

In spite of the risks of negative outcomes, some children who are exposed to poor treatment may "emerge unscathed due to protective factors that strengthen their resilience (Corby, 2006; Haskett, Nears, Ward, & McPherson, 2006). Factors that contribute to a child's resilience can include "self-esteem and independence, features of the family environment and community resources." (Haskett et al. 2006).

In considering the work of these researchers around risk and protective factors for children, and the impacts of neglect and/or abuse, it is evident that we need to focus on the capacity for these effects to be modified and/or counteracted by sound support strategies developed between families and service practitioners to meet the needs of a child or family at a given time.

Local context and initiatives

The Australian Early Development Index (AEDI) in Greater Shepparton

The AEDI is a population measure of children's development in all communities across Australia. Information is collected early in each child's first year of formal schooling and gives us a national picture of children's health and development; and where child vulnerability levels are of most concern. It can pinpoint strengths in a particular community as well as areas where outcomes for children can be improved.

The AEDI measures five areas, or domains, of early childhood development. These domains are physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. These areas are closely linked to the predictors of good adult health, education and social outcomes.

By understanding children's development at school entry, communities can begin to examine the factors that may be influencing child development outcomes in their community. Parents and family are significant influences throughout childhood, but other environmental influences, such as early years services and the school environment also play a role. The larger social, structural, economic, political and

cultural environment impacts on the resources available to families and to children. The character of the communities in which children live, including accessibility to appropriate services, also have significant influence on children's early development.

The AEDI results can help communities understand what is working well and what needs to be improved or developed in their community to better support children and their families. They also give individual communities the evidence to strengthen relationships and collaboration between local government, schools, early childhood services and other community agencies working with children and families. The AEDI results also help communities understand how their local children are doing developmentally and compared to children in other communities and nationally.

By providing a common ground on which people can work together, the AEDI results can help build and strengthen communities to give children the best start in life. Together with other socio-demographic and community indicators, the AEDI results are a powerful tool for influencing national, state and local planning around early childhood development.

The following tables compare the percentage of children on track, developmentally vulnerable and developmentally at risk in Greater Shepparton and Victoria. It is evident that a higher percentage of local children rate as vulnerable across the first four domains - physical health and wellbeing, social competence, emotional maturity, language and cognitive skills – and their communication skills and general knowledge are comparable with the state results.

Summary of 2009 AEDI Results for the Greater Shepparton Community:

AEDI Domain	% of children on track	% of children developmentally vulnerable	% of children developmentally at risk
Physical health and wellbeing	78.9%	9.2%	11.9%
Social competence	77.0%	9.3%	13.7%
Emotional maturity	74.3%	9.1%	16.6%
Language and cognitive skills (school-based)	73.7%	12.1%	14.2%
Communication skills and general knowledge	76.1%	10.3%	13.6%

Equivalent summary of 2009 AEDI Results for Victoria:

Domain	% of children on track	% of children developmentally vulnerable	% of children developmentally at risk
Physical health and wellbeing	80.6%	7.7%	11.7%
Social competence	77.6%	8.4%	14.0%
Emotional maturity	77.2%	8.3%	14.5%
Language and cognitive skills (school-based)	84.0%	6.1%	9.9%
Communication skills and general knowledge	76.7%	8.3%	15.0%

The results for Greater Shepparton also demonstrate that overall there are 23.5 per cent of our children who are developmentally vulnerable on one or more domains of the AEDI and 12.6 per cent who are developmentally vulnerable on two or more domains.

These results are significant and we need to develop a collective viewpoint about the identification of vulnerable children and families in our community in order to achieve consistent and targeted use of resources to achieve improved outcomes for them.

Best Start Early Years Plan

The Best Start Early Years Plan is an integrated plan combining the strategic directions of Best Start, Enhanced Best Start and Greater Shepparton City Council's Municipal Early Years Plan (MEYP). The plan compliments the objectives of Best Start and Enhanced Best Start and supports the Department of Education and Early Childhood Development (DEECD) requirement for every Victorian local government to undertake comprehensive planning for the needs of children through a Municipal Early Years Plan.

The strategic directions for Best Start, Enhanced Best Start and Council's Municipal Early Years Plan are being combined into one integrated plan. Leadership for this process has been provided by the Greater Shepparton Best Start Early Years Partnership. A significant aspect of this new Plan is a focus on the most vulnerable children in our community.

AEDI results for greater Shepparton indicate that some children are not doing as well as others. Together with their families, they need more intensive support and service

provision which better suits their individual circumstances. Families experience vulnerability because of a broad range of personal, practical and structural factors.

Arney and Scott (2011) suggest that 'practitioners in child and family services, especially those in socially disadvantaged communities, often encounter parents who carry within them the pain of past worlds which can greatly impair their capacity to nurture their child. When this coexists with an outer world that is characterised by fear of violence or the despair of poverty, then there is a double layer of difficulty in nurturing their children.'

The Greater Shepparton Best Start Early Years Plan is in agreement with the Municipal Association of Victoria and is committed to a common view that children are our future. "There is now irrefutable evidence that investment in the first eight years will improve children's health and educational prospects – particularly for children from vulnerable families. It will lead to improved social, human and economic capital outcomes for the community." (Municipal Early Years Framework and Practical Resource Guide, 2011)

The Greater Shepparton Early Years Plan (2011-2014) represents the shared vision of a broad range of individuals and organisations and reflects a collective view that every child in Greater Shepparton has the right to the best possible start in life and needs to be supported to reach their fullest potential.

Integrated Practice Training

The Integrated Practice Training package developed by the Greater Shepparton Best Start Partnership is closely aligned with the parameters of this project. This training is delivered twice yearly across two days to local practitioners including preschool and maternal and child health staff. It is also attended by a range of workers from family support services, social work, foster care, school welfare, midwifery, drug and alcohol counselling, family violence services, aboriginal family services and organisations involved with culturally diverse groups.

The modules consider the broad range of aspects associated with vulnerability and the complexity of issues and situations that children and families can experience in their everyday lives. There is a strong focus on practitioners using a strengths-based approach to working with children and families, fostering their self-reflection skills and practices, building robust, durable relationships between agencies and services, and working together to achieve the best outcomes for each child. Local organisations and agencies support the training by committing to it as part of orientation for new workers to promote interagency links and an integrated approach to meeting the needs of our most vulnerable children and families.

Consultation

For the purposes of the project, consultation was undertaken with key stakeholders. These included Council's Best Start coordinator, the Best Start project worker, the managers of MCH and kindergarten services, the Early Childhood Development Worker, the Department of Human Services, kindergarten staff and maternal and child health nurses. Staff meetings were attended for kindergarten staff and maternal and child health nurses to discuss the project aims and parameters, report progress and seek input and feedback from these groups.

The computer system used by MCH to record child and family information was considered in relation to the capacity for nurses to produce reports which identified vulnerable children and families as well as their areas and levels of vulnerability. The risk and reporting categories for the Enhanced Home Visiting program were also discussed with MCH nurses and the relevant manager at the Department of Human Services. There was email and personal contact with MCH services in surrounding localities to determine what already exists and what work has been done in the MCH and kinder areas.

The Vulnerability Guide was provided in draft for stakeholder feedback around its content and applicability to the current recording processes. A potential format for preschools to report on the areas and levels of vulnerability for children and families in their services was also discussed with practitioners and feedback sought around its practicality and parameters of use and applicable recording times/dates.

Ongoing contact with these stakeholders was maintained throughout the project to ensure that their views and feedback were a core component of the resulting report, vulnerability guide and reporting format.

Consensus - developing a shared understanding of vulnerability

In developing a shared understanding between practitioners who work with children and families in local kindergarten and maternal and child health services, it is a challenge to bring together the most common factors which encompass the parameters of vulnerability. "The term 'vulnerable family' is widely used...often without a consensus in relation to its meaning. It is a dynamic, nebulous term which often defies comprehensive definition and objective measurement." (Mulcahy 2004)

Even though the key concepts will be consistent, vulnerability can also look different in different communities, according the changing circumstances and needs. Appleton asserts that "vulnerability is a transient, nebulous and complex concept...and 'criteria' used could be 'appropriate to differing localities'."(Assessing vulnerability in families,1999).

Experienced and knowledgeable practitioners can make use of qualitative methodology to "scope to adopt and express their own definitions and understandings of hard-to-reach. Indeed, by recognising that the notion of hard-to-reach is socially constructed and fluid", those working with children and families can "demonstrate the frames, concepts and terminology prevailing in their service contexts, and themselves contribute evidence about who is hard-to-reach, and why, in different community, service and stakeholder contexts." (Cortis, Katz and Patulny, Engaging hard-to-reach families and children, 2009).

To foster a more comprehensive understanding and consensus, we need to support practitioners to use their knowledge and experience, as well as their relationships with families, to identify current and potentially vulnerable situations. This includes the risk factors for each child and their family in relation to the specific operational/service context, as well as the broader, more general parameters around vulnerability.

For a consensus about the key components of vulnerability to be developed and an appropriate tool available to guide practitioners in consistent identification, we need to outline the key characteristics and levels of vulnerability that will be used by local practitioners as a result of this project. When considering these parameters of risk and/or vulnerability for children and families, it is evident that there are common elements across the various definitions, factors and categories. *It is also important to be aware that a child from a family with one or more vulnerable characteristics is not automatically at risk of harm or developmental delay.*

The following general categories represent the common characteristics of vulnerability drawn from the research and resources analysed in the review of literature and will form the basis of the vulnerability guide developed as part of this project:

- child safety, stability, development and wellbeing
- parent/carer capability
- family composition and dynamics
- family circumstances and economic environment
- community factors.

Each of these categories encompasses a range of factors or sub-categories which will assist in identifying areas and levels of vulnerability for children and families.

Child safety, stability, development and wellbeing

- premature birth
- low birth weight

- birth trauma and/or injury

- limited/lack of antenatal care

- disability

- chronic illness

- developmental delay

- difficult temperament

- attachment issues

- poor social skills

- disruptive behavior

- impulsivity.

Parent/carer capability

- single parent

- young maternal age

- rapid successive pregnancies

- depression or other mental illness

- disability (physical and/or intellectual)

- drug and alcohol misuse

- gambling issues

- harsh or inconsistent discipline

- lack of warmth and affection

- lack of stimulating early learning experiences for the child

- active rejection of child

- child abuse or neglect.

Family composition and dynamics

- disharmony, conflict or violence

- separation/divorce

- blended family

- large family size

- absence of one parent

- disorganized lifestyle

- low level of parental education.

Family circumstances and economic environment

- significant debilitating life events

- cultural background

- lack of extended family support

- socio economic disadvantage

- housing situation.

Community factors

- poorly developed/limited community connections and networks

- limited access to transport

- geographical and/or social isolation.

Considering these factors as key identifiers of vulnerability across the kindergarten and maternal and child health services will help practitioners to develop and maintain a common understanding in their ongoing support of children and families in vulnerable situations. This can be fostered through the development of a practitioner guide and multi-disciplinary training which will help them to work together to identify and support the needs of the children and families in their services.

Overview of the Guide

The Vulnerability Guide (Appendix 1) is intended for use by practitioners in maternal and child health services and preschools to ensure that there is a common understanding between these fields in regard to the parameters and complexity of child and/or family vulnerability. It is also intended to promote ongoing, consistent identification of areas where additional support is required to foster positive outcomes for children and families.

As outlined above, the following broad categories are contained in the guide along with suggested sub-factors which research and current programs indicate are key considerations in identifying vulnerable situations for children in the age range of birth to eight years.

- Child safety, stability, development and wellbeing

- Parent/carer capability

- Family composition and dynamics

- Family circumstances and economic environment

- Community factors.

The guide also provides information to support practitioners in considering links between the various categories or sub-factors and the level of complexity of the circumstances for a particular child or family. This can help to identify areas where the child's vulnerability might be a direct result of family circumstances or issues, as well as the potential for a child's level of development, illness, behavior or additional needs being the catalyst in creating a vulnerable situation for the family.

The Vulnerability Guide has been developed to assist practitioners by promoting a shared understanding of vulnerability, and supporting them to reflect on the elements that influence their own practice, assess where children and families sit in terms of vulnerability at particular times, and enhance planning for strategic intervention and funding allocation.

Conclusions/Recommendations

The key recommendations/conclusions which have resulted from the review of the literature, consideration of local initiatives and needs, and the development of a vulnerability guide related to this project are as follows:

- Multi-disciplinary training to be developed and delivered to kindergarten and maternal and child health practitioners early in 2012.

- The Vulnerability Guide to be used consistently by practitioners across both services types

- A reporting tool to be used to gather and collate statistics and information about categories and levels of vulnerability in individual service contexts

- Reporting to be undertaken annually on an agreed date by all kindergarten and maternal and child health services in Greater Shepparton

- Consideration be given by the Best Start Partnership to strategies to engage non-council kindergartens in this process on an ongoing basis

- Follow-up learning circle and feedback sessions be held regularly to support practitioners in working with the guide and promote its ongoing, consistent use.

Our education and care services can provide a welcoming, safe and caring environment for all families, but particularly for those experiencing difficult life circumstances so they feel connected and valued members of their community. It is important to enhance practitioners' knowledge as well as fostering an increased sense of awareness and a consensus about potential situations where children and families can be vulnerable. This will support practitioners to work effectively with families in the service context and promote positive outcomes for all children.

In closing, it is important to note the following view that challenges us to reflect on our current practice and future directions:

> "In order to achieve improved outcomes for families at risk, a paradigm shift is required, so that unequal outcomes are seen as social injustices, rather than as products of individual dysfunction or deficit." (Slee, 2006)

We need to ensure that we are committed to the endeavor to offer family and child-ready services that are inclusive of family vulnerabilities and encourage their initial access, make them feel welcome and valued, and promote their ongoing participation. This needs to be embedded our service parameters and not viewed as a strategy to reach at risk, vulnerable or head-to-reach families. It must be a core component of ongoing practice which promotes and supports the right of all families to be involved in quality education and care programs and services with their children.

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Appendices

Appendix One - Tool and Recording Format

Vulnerability Guide

Categories of vulnerability and factors to consider:

Child safety, stability, development and wellbeing	Premature birth/low birth weight/birth injury/child or parent with a disability/chronic illness of child or parent/ ongoing health concerns/developmental delay/poor attachment /poor social skills/disruptive behavior/impulsivity
Parent/carer capability	Single parent/young maternal age/birth trauma and/or injury/limited or lack of antenatal care/rapid successive pregnancies/depression or other mental illness/gambling issues/disability/drug and alcohol misuse/harsh or inconsistent discipline/lack of warmth and affection/lack of stimulating learning experiences for the child/active rejection of child/child abuse and/or neglect.
Family composition and dynamics	Disharmony, conflict or violence/separation/divorce, blended family/disorganized lifestyle/large family size/multiple birth/absence of one parent/low level of parental education.
Family circumstances and economic environment	Significant debilitating life events/cultural background/ lack of extended family support/socio economic disadvantage/housing issues.
Community factors	Limited community connections and networks/limited access to transport/geographical and/or social isolation

Levels of vulnerability and descriptors:

CURRENTLY DEVELOPMENTALLY VULNERABLE	Engaged with child protection services/homeless/family violence/ongoing drug and alcohol abuse/parent non-compliant with mental health treatment/ Inter-generational poverty/minimal attendance at universal services such as M&CH and kindergarten/poor parenting skills
AT RISK OF DEVELOPMENTAL VULNERABILITY	Engaged with family support services/parent or child with an intellectual disability/teenage parent/long term or terminal illness of family member/mental health issues/poor parenting skills/unemployment/ minimal family support/ limited service and community connections/ not regularly accessing universal services such as M&CH and kindergarten/limited parenting skills.
DEVELOPMENTALLY ON TRACK	Engaged and regularly attending universal services such as MCH and kindergarten/ adequate parenting skills/single parent with support network/short term family emergency or illness/disability of child or parent being effectively supported/access to transport/established links with community and social groups.

This guide is intended for use by practitioners in Maternal and Child Health (MCH) services and Preschools (Kindergartens). Its purpose is to build and maintain a common understanding between the practitioners in these service types in regard to the parameters and complexity of child and/or family vulnerability. It is also intended to promote ongoing, consistent identification of areas where additional support is required to foster positive outcomes for children and families. Factors which need to be taken into account when considering child and/or family vulnerability are wide ranging and often encompass more than one category. This Vulnerability Guide is designed to support practitioners to reflect on the broader implications of these factors in identifying vulnerability for an individual child and/or their family.

When considering the parameters of risk and/or vulnerability for children and families, it is evident that there are common elements across the various definitions, factors and categories. These have been outlined in the report and used as the basis for the development of this guide to support practitioners in working with and a related recording format/tool.

Research and current programs indicate that the broad categories and sub-factors contained in the guide are key considerations in identifying vulnerable situations for children in the age range of birth to 6 years. They also provide information to guide practitioners in considering links between the various categories or factors and the level of complexity of the circumstances for a particular child or family.

This guide can help to identify areas where the child's vulnerability might be a direct result of family circumstances or issues, as well as the potential for a child's level of development, illness, behaviour or additional needs being the catalyst in creating a vulnerable situation for the family.

There are also different levels of vulnerability which need to be considered by practitioners in their work with children and families. The descriptors in the guide offer a brief outline of key indicators to highlight areas where different levels of support and/or intervention may be needed to meet the needs of children and families:

Practitioners may consider that a child or family could be in need of additional support due to a short term emergency situation, a medium term set of circumstances in which their needs cannot be met from within their own resources and networks, or an ongoing, complex situation which would be assisted by a range of long term strategies

This resource has been developed to be used in conjunction with practitioners' knowledge, experience and relationships with the children and families in their services. It aims to support them on an ongoing basis in their commitment to meeting complex and changing needs, and promoting positive outcomes for all children.

Appendix Two - Recording Format

Vulnerability Project

Child and Family Vulnerability Recording Format

This 'Child and Family Vulnerability Recording Format' is designed to be used with the 'Vulnerability Guide'. The recording format below has been developed as part of the Vulnerability Project, and is intended for use by practitioners in Preschools (Kindergartens) to document information in regard to child and family vulnerability. It is also intended to promote ongoing, consistent identification of areas where additional support is required to foster positive outcomes for children and families.

This recording format has been designed to be used as described above and provided to practitioners as part of the professional development session/s aligned with the Vulnerability Project.

Factors which need to be taken into account when considering child and/or family vulnerability are wide ranging and often encompass more than one category. Practitioners need to reflect on the range of categories and sub-factors involved in identifying vulnerability and focus on the broader implications of these considerations for an individual child and/or their family.

The table is designed to record information related to vulnerable children in each kindergarten program. Only record information about those children who are considered to be currently experiencing situations or conditions which may affect their ongoing learning and development.

On the record sheet, please allocate the same number which is used for the child in the formal attendance record.

All information recorded for each child needs to be filed in accordance with Greater Shepparton City Council's privacy and confidentiality policies and practices.*

For each child recorded, please indicate the reason/s for your concerns about the current and/or potential vulnerability of the child in order of significance.

As demonstrated in the example below, **'Parent/Carer capability'** may be your first concern so it would be marked as **'1'** under the appropriate column.

Some children may only be recorded under one are of concern, but if you are also concerned about the child's **wellbeing**, you can mark it **'2'** and you may wish to include **'Family circumstances and economic environment'** as an additional concern and mark it **'3'** on the table.

Example:

Child Number (*as used in attendance records*)	Child safety, stability, development and wellbeing (using information in the guide)	Parent/Carer capability (using information in the guide)	Family composition and dynamics (using information in the guide)	Family circumstances and economic environment (using information in the guide)	Community factors (using information in the guide)
Child no. 3 EXAMPLE	2	1		3	
Child no. 7 EXAMPLE	1		2		3
Child no. 15 EXAMPLE		2		1	
Child no. 19 EXAMPLE		2	1		
Child no. 21 EXAMPLE	3			1	2
Child no. 26 EXAMPLE	1	2		3	

*Greater Shepparton City Council believes that the responsible handling of personal information is a key aspect of democratic governance and is committed to protecting and respecting the privacy of your personal information. Please refer to Council's Information Privacy Policy held at all Children's Services for more information. The Council is committed to full compliance with its obligations under the Information Privacy Act 2000 (Vic) and Health Act that establish the benchmark for how personal information should be handled. Council Services will comply with the Information Privacy Principles contained in these Acts. These principles have been embraced by Aged and Children's Services as part of our standard service delivery procedures.

Child and Family Vulnerability Recording Format

Date: _____ Centre/Service: _____

Total number of children in the kindergarten program: _____

Number of children considered vulnerable in the kindergarten program: _____

Child Number (*as used in attendance records*)	Child safety, stability, development and wellbeing	Parent/Carer capability	Family composition and dynamics	Family circumstances and economic environment	Community factors

Child Number (*as used in attendance records*)	Child safety, stability, development and wellbeing	Parent/Carer capability	Family composition and dynamics	Family circumstances and economic environment	Community factors