Supporting expectant young Aboriginal parents in VACCA's Pre-birth Response model

Turning Point Symposium

26 March 2026

VACCA

VICTORIAN ABORIGINAL CHILD AND COMMUNITY AGENCY

Connected by culture

Presentation overview

- Defining the issue
- VACCA's Pre-birth Response model
  - ALCC
  - BUABAH
- Case study
- Key learnings
- Thank you and questions

Content note: *The case study includes family violence themes that could be distressing*

Defining the issue – what was happening that we wanted our model to address?

- Over FY21-22 across Victoria, the majority (82%) of Aboriginal children subject to an unborn report progressed to a regular CP report at birth
- 21% of Aboriginal children subject to unborn reports in Victoria (received in the two years to 30 June 2023) entered Care Services within 12 months of birth, compared to 12% for non-Aboriginal children
- A CP practitioner could be the mum's first visitor at hospital after giving birth, which is '**enormously traumatising**'*
- Despite high CP unborn report numbers, very few families expecting a baby were being supported by VACCA Family Services:

FY22-23	**Number of CP unborn reports**	**Number of VACCA FS pre-birth cases**
One region	44	10

?

VACCA's Pre-birth Response model

In response to what the current state was, VACCA developed an agency approach to supporting Aboriginal families expecting a baby. Our 'Pre-birth Response' model comprises two key components:

1. The referral of unborn reports to the Aboriginal-led Case Conferencing (ALCC) program
2. The reintroduction of Bringing Up Aboriginal Babies at Home (BUABAH)

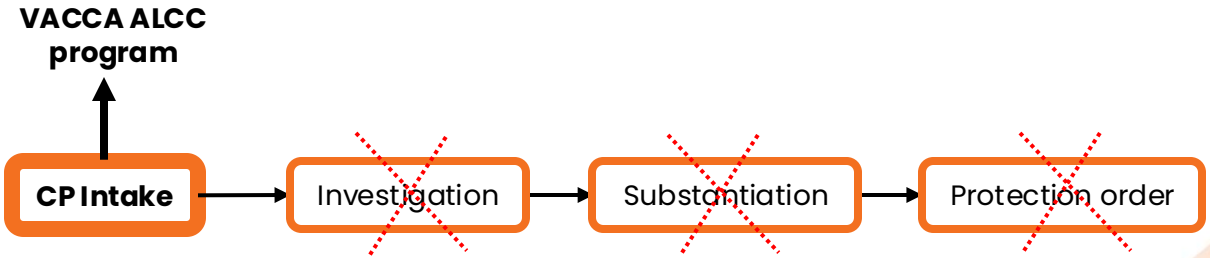
This presentation will provide the background and an overview of ALCC and BUABAH. Both programs were piloted by VACCA and found to be successful in diverting Aboriginal families from Child Protection.

Broad objectives – what do we want our Pre-birth Response model to achieve?

- To give Aboriginal families the opportunity to access culturally safe support in preparation for baby being born
- To avoid CP attending the hospital at birth, and babies being removed from their mothers at hospital
- To enable Aboriginal babies being brought up at home

Aboriginal-led Case Conferencing – ALCC

- Through grant funding provided by the Victorian Department of Families, Fairness and Housing (DFFH), over 2021-2023, VACCA co-designed and piloted the Aboriginal-led Case Conferencing (ALCC) model in VACCA's North metro region to divert Aboriginal families from Child Protection
- The ALCC trial was evaluated by the University of Melbourne who found that it should be fully implemented
- VACCA has received DFFH Closing the Gap funding to continue offering ALCC and expand it to other VACCA regions
- The ALCC target cohort has been families subject to a CP report, where the currently reported concerns suggest that a planned investigation may be required. Rather than progressing to a CP investigation, suitable families are referred to a VACCA ALCC Convenor who works with them to address concerns and refer into appropriate and culturally safe services
- Upon referral into ALCC, CP will close



Key ALCC evaluation findings

Prof. Sarah Wise and Graham Brewster, University of Melbourne, Seeking Safety: Aboriginal Child Protection Diversion Trials Evaluation Final Report (2022) found that the ALCC model **prevented investigations** and **strengthened the safety and wellbeing of children and families** involved in the trial.

The evaluation recommended that the ALCC trial be fully implemented and found the following:

- The trial has a 78.3% investigation diversion success rate
- Families were highly satisfied with the service and felt culturally safe, as reported in client feedback forms
- The trial can yield high return on investment – a $5 return per $1 invested

ALCC expansion to unborn reports

- Following collaboration with key DFFH partners, in September 2024, unborn reports made about an Aboriginal child where the pregnant mother requires advice, assistance and support started being referred to ALCC
- Up until this point, these unborn reports were predominantly referred to Community-based CP for a mainstream response
- Now Aboriginal families subject to an unborn report have the option of an Aboriginal-specific service

BUABAH pilot – Bringing Up Aboriginal Babies at Home

- Funded through a philanthropic grant, operating in VACCA's South metro region over a period of 18 months
- Aimed to reduce the number of Aboriginal and Torres Strait Islander babies entering the Child Protection and out-of-home care systems

The model:

- Aboriginal-led, systems-based solution, developed in collaboration with the University of Melbourne
- Working with mums and their families as early as possible during their pregnancy, and up to 6 months post-birth
- Intensive case management – 2-3 visits per week

BUABAH evaluation: Prof. Sarah Wise and Dr. Ellen Pittman, University of Melbourne, *Bringing Up Aboriginal Babies at Home: Program Evaluation* (2024)

7 mothers supported and 7 babies birthed safely

6 discharged from hospital with mum, and 1 with maternal aunt

CBCP team member talking about the BUABAH program:

"...some of the cases that they've worked, there's,

hand on heart, absolutely no way

I thought that we would avoid a legal intervention,

and those children not being placed..."

BUABAH today

- Based on the pilot's success and insights, BUABAH has undergone a considerable review and design process and has been integrated as a program within VACCA's broader Family Services offering
- BUABAH is now available in all 6 of VACCA's regions

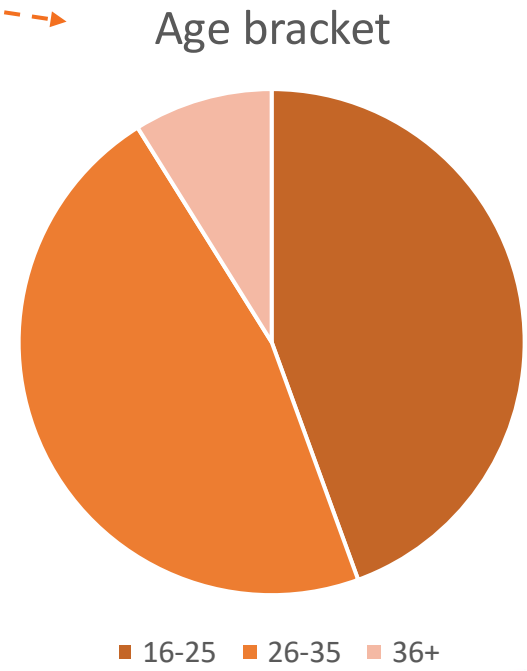
Overview of the current model:

- Eligibility criteria and intensive supports remain from pilot model
- Diversified referral pathways
- Increased team capacity
- Hospital engagement strategy

Ages of pregnant mums referred

Over the first 12 months of the Pre-birth Response:

Age bracket	Number of referrals
16-25	20
26-35	21
36+	4
Total	*45*



Parents' young age being framed as a risk

'I am mindful that she has not had much parenting experience'

Hospital social worker

Identity (Parent and/or Caregivers)

Evidence Based Factor	Current	Historical
Under the age of 20 when first child was born	Yes	No

Child Protection Intake Record

Case study introduction

- The family journey we're going to take you through follows a young Aboriginal mum and Torres Strait Islander dad expecting their first child
- Both parents have their own CP history and spent time in residential care
- We will demonstrate how their young age was not a barrier to strong parenting
- Mum spoke about wanting to **break the cycle** and parent differently, which is exactly what she ended up doing

Referral to BUABAH

- **Referrer:** Koori Maternity Services Aboriginal Health Worker
- **Stage of gestation:** First trimester
- **Concerns identified for Mum and the pregnancy:**

Complex mental health issues

Current family violence in her relationship

Substance use before conception and into pregnancy

Intellectual disability

Working with dad

- **At VACCA, where it's safe to do so, we know that it's important to support dads to be part of the pregnancy and preparation for birth**
- Our BUABAH prac supported dad's involvement in this case, including by referring him to an Aboriginal men's family violence program and an Aboriginal dads group

- However, dad experienced multiple mental health episodes during the pregnancy, and his perpetration of family violence escalated
- By the time mum was due to give birth, there was an intervention order in place which meant that dad could not be present for the birth

Support from the first visit

- When the BUABAH prac first meets the young parents, they are homeless and living in a tent with their pets
- They have a housing property, but have had conflict with the neighbour and other traumatic experiences there

The BUABAH prac gets to work:

- Organising emergency accommodation
- Providing financial support
- Supporting the parents to attend antenatal appointments

Challenging the need for an unborn report

As mum's pregnancy progresses, there are discussions in the care team about making an unborn report to CP.

The BUABAH prac pushes back against making a report, for several reasons:

1. Both parents have had distressing and traumatising experiences with CP – involving CP could lead to the parents **disengaging** which would increase risk to the unborn child
2. BUABAH has a high level of oversight and can manage the current risk, with other supports involved
3. There are still many months until mum's due to give birth – a considerable amount of time for concerns to be addressed
4. If there are significant risks to baby's safety at birth, a CP report can be made at that time

Birth and discharge

- Due to family violence risk, mum is staying in a refuge when her induction is scheduled
- She wants to have a calm birth where she can just concentrate on her and baby, and is excited
- She has her cousin with her for support
- Baby is born safely and healthy
- Hospital shares that mum is ‘very loving’ towards baby, with no concerns identified for her parenting during their hospital stay

Baby leaves hospital in mum’s care

Mum and baby return to the refuge together

Since discharge

Mum is connected with a Maternal Child Health Nurse from an Aboriginal health service

Mum is feeling confident in her parenting and raises no concerns for baby

BUABAH prac notices a change in mum's behaviour now that baby's been born – putting baby first and acting protectively

Baby is developing well

The importance of cultural safety

- While the refuge that mum and baby had been staying in provided physical safety, it was a mainstream service, and not always a culturally safe environment for mum
- The BUABAH prac provided advice to the refuge staff around how they could engage mum

  'Get to know her, talk to her, build a relationship'

  'Give her some time to bond with baby, without discussing expectations and rules today'

At the time of BUABAH closing, mum and baby have been safely moved to an Aboriginal refuge in another region. Mum reports that:

- She's really enjoying it
- She really likes the staff
- She feels supported

Key learnings

Despite mum's young age and own CP history, baby left hospital with her and did not leave her care.

How was this achieved?

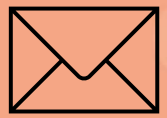
Aboriginal-led response to a young Aboriginal mum

- BUABAH prac made an effort to understand mum's decision-making, with awareness of the historical trauma and mistrust in services
- Sought to uphold mum's connection to culture – something not to be missed

Approaching risk differently

- BUABAH prac's understanding that situations are fluid and can change quickly
- Not minimising genuine risks, but giving mum a chance, especially while still pregnant
- Challenging the status quo

Thank you and questions



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