PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

A JOINT SUBMISSION FROM VICTORIA'S EARLY PARENTING SECTOR

Mercy Health
Care first

QEC
LEARNING. PARENTING. TOGETHER.

tweddle
child + family health service

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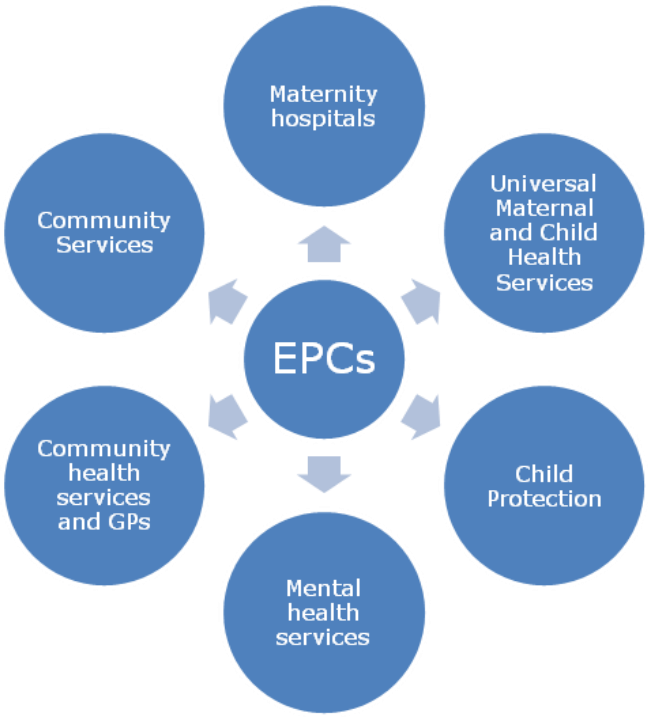
BACKGROUND AND CURRENT SERVICES

Australia is unique in the world in having established early parenting centres (EPC) with a component of intensive residential support. Victoria has three Early Parenting Centres: O'Connell Family Centre, Queen Elizabeth Centre and Tweddle Child + Family Health Service.

While the history of each of the three publicly funded centres in Victoria is different, each has evolved to today having a shared focus and vision for their services. These are specialist early intervention and prevention health and therapeutic services that have been designed to support vulnerable families.

The three public EPCs have strong relationships with both the health and community sectors. They also work together collaboratively and in recent years have joined forces in research and evaluation to build and enhance evidence informed clinical practice.



Services

EPCs provide outreach and home based programs, centre based services and all deliver some services regionally. The programs are evidence informed and focus on attachment and strengthening family relationships, especially parent-child relationships. The EPC workforce is multidisciplinary, with a public health emphasis which includes mental health, social welfare and nursing expertise.

Services are also, like many agencies, undergoing significant organisational development and practice change. For example, recently piloted group therapeutic programs, such as PlaySteps and Tummies to Toddlers, have achieved outstanding success. This new practice direction is supported by all three agencies. Skill development and other practice development priorities to adopt these new directions are well underway.

Services are always at 100% capacity and are well known to have long waiting lists. Priority is therefore given to families at risk – intensive early intervention and preventions support. Services are also provided to child protection families – assessment and skill development programs.

Service capacity to support child protection clients was established more than ten years ago and there has been limited growth in capacity to support these families over that time. Triage processes have been established to ensure admission priority is given to families and children at risk.

BREAKING THE CYCLE OF INTERGENERATIONAL DISADVANTAGE

FOCUS ON FUNDING THERAPEUTIC INTERVENTIONS

Situation:

The current investment in EPCs (2009/10) is $12 million. In that period, 7500 families were supported by publicly funded EPCs – approximately 10% of the number of babies born in Victoria

In the work of Nobel Laureate and economist James Heckman every dollar invested in the early years saves $17 in later years - a potential saving to the public purse of $204.1 million.

Based on the June 2010 Australian Institute of Family Studies report *"The Economic costs of Child Abuse and Neglect"* (Bromfield, Holzer and Lamont) the estimate of total lifetime costs associated with outcomes for young people leaving care is $738,741 (2004-05 dollars) per care leaver.

To extend this analysis, if only 5% of families in current EPC targeted services were successfully supported to care for their children within the family, this would represent a saving of $81,261,510.

Solutions:

Invest and grow the service capacity of Victoria's early parenting centres. Victoria's three specialist early parenting centres have established intervention and prevention health and therapeutic services specifically designed to support vulnerable families. EPCs have existing capacity to directly intervene to improve the parent – child relationship and thus improve the capacity to protect and promote resilience. Furthermore, the three centres have strong relationships with both the health and community sectors.

EPCs are already positioned to provide services to young families in the secondary and tertiary space. Significant risk would be created if we saw a shift of EPCs to be focused in child protection/tertiary service sphere alone.

We strongly encourage the Government through its health and education services to increase the investment and service capacity of Victoria's early parenting services to enable earlier intervention and therapeutic support to young families. This investment must be recurrent and capital investment to build flexible infrastructure that will enable the services to grow and to adapt its programs over time.

Strengthen referral pathways. We also strongly urge strengthening of the referral pathways between service systems so the system works more effectively.

SERVICE ISSUES FOR YOUNG CHILDREN AND FAMILIES

FOCUS ON SECONDARY SERVICE – EARLY INTERVENTION AND PREVENTION

Situation:

The lack of investment in secondary early parenting intervention services is a serious service gap. Secondary early parenting intervention services are essential if Victoria is to support vulnerable families as early as possible to prevent progression to tertiary services.

Recent service enhancements have largely been focused on the universal platform or positioned within the tertiary sector. Family access to, and sustained engagement in, universal services is of course critical to achieve increased family independence.

Maternal and child health, childcare and kindergartens are fundamental to this. Lack of investment in the secondary space creates the risk of primary sector professionals having no clear pathway of support other than rapid escalation to the tertiary sector to ensure child and family safety.

Solution:

Strengthen secondary services. While it is considered very important to strengthen primary level services to identify risk Victoria needs a strong secondary service sector for referral to prevent progression to the tertiary level. In the early years a number of community service programs are well placed and can be further developed to address this current service gap.

Earlier intervention at its best is pre birth with the building of trusted relationships supporting families through key stages of a child's and family development. "Wrap around" services to support families engaging with and accessing universal services, to build independence.

Successful secondary services will necessarily combine therapeutic responses as well as general living support and skill development.

Situation:

There have been many place-based initiatives, such as family hubs and centralised intakes developed. Many of these service hubs are located in high needs communities and have proved helpful in assisting families to access support when and where they need it.

Family Coaches, a Government initiative, is an integrated service delivery model targeted at child protection. ChildFirst, also a Government initiative, was developed as a secondary level platform for families at risk of entering the child protection system.

The early parenting sector has sought to support and participate in ChildFirst alliances, allocating capacity for referral from this platform. However ChildFirst has not accessed the early parenting sector significantly. Given the large numbers of at risk families with young children, it is unclear why this is the case.

Referral pathways from universal services to early parenting services, especially universal health services, are strong.

Solution:

Enhance referral pathways from community service organisations and ChildFirst. We strongly recommend that referrals from community service organisations and ChildFirst to early parenting services should be enhanced.

Challenge ahead:

The challenge remains as to how to integrate specialist secondary services consistently across such platform models and how to sustain the engagement of vulnerable families.

THE VALUE OF EARLY PARENTING – THE RETURN ON THE INVESTMENT

Situation:

In 2010, a policy framework for early parenting services in Victoria was released. It was a pleasing step to have a clear description of how early parenting centres, in particular, sit in the continuum of care for young families in both the health and community sectors. The document is not however a strategy or vision for the future of our services. It describes well the current service framework and a number of actions such as consistent referral pathways flow from it.

We also welcome the fact that the Baillieu-Ryan Government places a strong emphasis on children and families and the Premier is congratulated on the recent release of a statement on families.

Challenge:

We know that most of the families we see are overwhelmed by circumstances that impact on their ability to provide basic parenting skills and respond to the social and emotional needs of their children.

It is now time to enable the early parenting sector's real vision to become reality.

That vision is to support vulnerable families in ways that are empowering and energising. Making the vision a reality entails improving Government and community understanding of the importance of the therapeutic work the centres do and can develop further.

Solutions:

Include parenting. EPCs urge government to extend its vision to include the importance of parenting in the health and wellbeing of children and the family.

Access to housing and vocational training, and other supports as needed. Stable housing and vocational training are critical aspects for families to achieve independence and resilience. Many families accessing early parenting centres face other fundamental challenges of managing family relationships in addition to the needs of employment and shelter. These factors need to be recognised in policy and vision statements.

ACCESSING VULNERABLE FAMILIES – HEALTH AND COMMUNITY SERVICE LINKS

Situation:

Research findings are very clear on the importance of "getting in" early with families, including antenatally. Evidence is well established and expanding on the importance to long-term wellbeing of sound attachment and a healthy parent-child relationship.

EPCs can and are providing these types of services. EPCs are a strong established bridge between health and community sectors and bridge to universal early years health and education services.

Established formal referral pathways exist with most of the major maternity hospitals - Southern Health (Monash and Casey), Royal Women's Hospital, Mercy Hospital for Women and Western Health (Sunshine).

Relationships include neonatal units and paediatric services. In addition referral pathways from and to ChildFirst platforms and general family services are strengthening, although more work needs to be done.

Solution:

EPCs are public hospitals: encourage better links with maternity services. Because of the historic context of EPCs and our status as hospitals we provide a valuable existing link to the health sector, particularly maternity hospitals, mental health services, mother baby units and to some extent general medical practice.

We believe we can do more with our links to maternity services and encourage further discussion with Government, health and community agencies about how this can be achieved. PASDS clients are referred as a result of child protection intervention/investigation and that the child is more often than not under 12 months old. This suggests opportunity exists to undertake antenatal work in order to prevent entry into the child protection system and EPCs are perfectly positioned to do/ assist in this.

The current Commonwealth reforms in the public sector, particularly Medicare Locals, provide opportunities for the EPCs to extend existing links within the universal sector especially GP Divisions within their regions.

EPCs AND CHILD PROTECTION FAMILIES

Situation:

Taking an all of community responsibility approach to protecting children requires a child protection workforce that is community based and co-located with service providers. Working as local teams that are accessible to families and the community is widely regarded as a more effective service response as well as enabling communities to share the responsibility and support of the most vulnerable.

There is potential to do much more work with child protection clients and collaboratively with other Parenting Assessment and Skills Development Service (PASDS) providers. The service provides an assessment of parenting capability, in some cases directed by the court, and a skills development element.

The Family Coaches model of service, currently being piloted, provides an opportunity to engage prior to birth and extend the period of support for families for a 12 month period. This integrated service brings together family support services, specialist early parenting providers and therapeutic elements. The outcomes from these pilots should provide essential learnings for any systems reform undertaken.

Solutions:

More consistent practice required. There is a need to develop consistent practice and legal reporting framework for all PASDS providers. Growth in capacity for this service together with clear criteria for access to programs are needed for child protection workers, service providers and officers of the court to ensure highest priority families are admitted and to minimise risk to infant safety where an admission to a program may not be possible immediately. Service capacity in this essential intensive care service that supports timely decision making for infants needs to more adequately reflect the increase in workloads across the system.

Family coaching - a major opportunity. Family Coaching has been positioned as a placement prevention strategy but it is imperative that we consider how similar pre birth and longer term support programs can be implemented as a preventative strategy to relieve some of the pressure on the child protection system. Engaging at an earlier stage with families from a universal platform strengthens the partnership approach with families and increases the opportunity to motivate change.

Work more effectively with Early Parenting Centres: EPCs are already positioned to provide services to young families in the secondary and tertiary space. Significant risk would be created if we saw a shift of EPCs to be focused in child protection/tertiary service sphere alone. Without the EPC capacity for early targeted intervention and prevention in the early years, the increase in child protection case load in the short and long term would inevitably grow.

Situation:

Several studies have shown that women attending Australia's residential early parenting programs for children's sleep and settling issues have poor mental health, with at least 40 per cent scoring in the clinical range on the Edinburgh Postnatal Depression Scale (EPDS) indicating probable depression (Barnett, Lochart, Bernard, Manicavasgar & Dudley, 1993; Fisher, Feekery, Rowe Murray, 2002; Fisher, Feekery, Amir, & Sneddon, 2002; Fisher, Feekery & Rowe, 2003; Fisher & Rowe, 2004; McMahon, Barnett, Kowalenko, Tennant & Don, 2001).

Maternal depression is well-known to have short and long-term adverse effects on maternal morbidity, parenting, and children's emotional, behavioural and cognitive development (Beardslee & Wheelock, 1994).

A systematic follow-up of women admitted to a public (n=79) and a private (n=81) early parenting service found that only six percent had consulted a specialist mental health professional, and very few believed that seeing a mental health professional would be helpful (Fisher, Feekery, & Rowe, 2003; Fisher & Rowe, 2004).

The Australian Government funded National Perinatal Depression Initiative (NPDI) has enhanced mental health support available for parents perinatally, however access to services, navigation of service systems and coordination between services often create additional complexities for women experiencing mental health problems.

Solutions:

Use EPCs to identify parents with or at risk of mental health difficulties. Early Parenting Centres provide support to parents with early parenting difficulties such as children's sleep and settling issues. They are well placed to normalise and de-stigmatise health and wellbeing difficulties during the early parenting years. They are in an ideal position to identify parents at risk of, or currently experiencing mental health difficulties, and facilitate appropriate and timely access to information and professional support to promote and enhance their health and wellbeing.

Use EPCS to deliver mental health support. EPCs provide a non-stigmatised and effective platform for delivering additional mental health support for parents and linkages with area mental health services.

Better resource infant mental health support. Infant mental health support is an important field that is not currently well resourced. EPCs are in the process of enhancing skills in therapeutic support of infant mental health. Our practice approaches are informed by attachment and trauma theory. Evidence is now clear that if we are not continuously mindful of the infant's emotional care environment as well as physical care, brain architecture can be seriously impacted and the life trajectory altered dramatically.

REGIONAL AND RURAL SERVICES

Situation:

EPCs all provide some regionally based services. The services do not provide equity of access for all Victorians to specialist early parenting support and there are significant service gaps such as in the Wimmera and Mallee and in East Gippsland. While many families will travel to the closest regional centre that provides a service, there are no doubt a similar number cannot access services because the travel is too hard.

A number of rural municipalities have approached EPCs to establish local community based early parenting services because they have identified a demand. Often facilities are available for such services or offices for outreach workers. The recurrent funding is not available.

Solution:

Invest in regional and rural services. While it is understood that it would not be cost effective to invest in residential services across the state, the other service options that have been described can be readily and quickly established if funding were available.

WHAT ELSE CAN WE DO

THE WAY FORWARD

Situation:

There are a number of tiers of support that families need. Every family engages in the non-stigmatised and trusted universal health pathway of maternity services. Most women birth in a hospital and health professionals in the maternity services can and do identify babies at risk. This identification often occurs antenatally. EPCs have formal partnerships and well established referral pathways from hospitals to its services. EPCs can and do tap directly into these services antenatally to identify and engage with families and infants at risk.

We believe it is important to introduce and use non-stigmatised pathways in order to develop secure attachment between parent and child in the very early formative years of a child's life.

No one area of government should feel the need to take on the responsibility; rather the approach could be across government departments.

By drawing on expertise from outside and inside government, the coming together of the collective ensures informed responses to the immediate problems and helps take the pressure off the overwhelmed Child Protection System.

Evidence collected both locally and overseas indicates that providing longer-term interventions and connecting with families prior to birth will improve outcomes for children. Long-term home visiting by child health nurses that incorporates a relationship-focused and strengths-based family-centred approach has been shown to be a cost-effective strategy for improving maternal and child health and life outcomes for first-time, single, disadvantaged teenage mothers and their children in a variety of settings (Olds et al, 2002).

The Children and Young Persons Act 2005 extended protection to the unborn child. Reports to protective services for unborn children are occurring, but there has been a limited service response available to support families entering the protective system antenatally.

Solution:

Formally engage EPCs to work with antenatal services. Use EPCs formally to identify vulnerable families and refer to evidence based therapeutic programs such as Tummies to Toddlers.

Use these services to strengthen connections with social work departments of major hospitals – identifying families that are below the threshold for statutory intervention but whose children are at high risk of poor psycho social outcomes.

Situation:

EPCs specialise in enhancing whole of family functioning – initially through identifying and supporting emotional and social well being of mothers and then supporting the development of healthy relationships with the infant and other family members. In parallel, health assessments of family members are undertaken and appropriate referrals to other specialists are made as needed.

Historically EPCs were training facilities. With the wisdom of hindsight, discontinuing their training function might have been a mistake.

EPCs with their expertise in identifying and engaging with families at risk are very well placed to help build the capacity of the universal sector to identify and engage with these families and achieve improved early intervention – especially services such as child care centres, kindergartens etc.

EPCs have established risk criteria to assist in identification of and engagement with families and consistent decision making to prioritise access and referrals for those most at risk.

EPCs already provide guest lecturers and deliver undergraduate subjects/units in early parenting at relevant tertiary institutes.

Solutions:

Create an early parenting career pathway and a new professional category – early parenting professional. There is a need to create career pathways in early parenting services in order to supplement the aging workforce and to further develop the professional skills and opportunities for child care workers. Work has commenced on the establishment of an accredited qualification in early parenting and EPCs are seeking formal partnerships with relevant institutes to achieve this.

Government support for strengthened professional development and capacity building programs is critical to success.

Re-establish funding for EPCs as training facilities. Opportunities for EPCs as training facilities include:

- Why and how early parenting is a means to reduce incidence and negative impact of child abuse and neglect
- Knowledge of early childhood health and development and therapeutic interventions – community sector workers
- Shared learning models such as the work of Tweddle supporting a therapeutic approach to families in supervised access (Department of Human Services and Tweddle partnership at the Arbour Centre in Sunshine is a good example of this approach).

- Training in internationally accredited and assessed early parenting tools such as QEC expertise and accreditation to deliver NCast. The NCAST parent child interaction scales offer a thorough assessment of interaction, assessing both caregiver and child behaviours. The NCAST scales are used as they provide an indication of strengths and potential difficulties in the way in which the parent and child interact. The scales are reliable indicators of successes, or potential barriers, to a child's future development.
- EPC collaboration and grant submission to establish a graduate certificate course in early parenting
- Provision of course subjects, workshops and training courses at Swinburne, Centre for Excellence and others
- Building knowledge in general practice of mental health and other health presentations of families admitted to EPCs (some programs are under development with National Perinatal Depression Initiative funding to establish programs of this kind).

COLLABORATION

Situation:

Everyone knows resources are scarce. An exciting opportunity to be cost effective through collaboration exists. Much work to encourage collaboration is already being done nationally and at state level including co-location, partnerships, and integrated service models.

Examples of good collaboration in the EPC space include:

- Adopt an aunty – This progam is designed to provide enhanced support to aboriginal women and families when they go home with their babies and to prevent babies and young children being placed in out of home care. With a collaboration between Mercy Hospital for Women, Child Protection, Aboriginal Elder volunteers and EPCs, "Adopt an Auntie", is being developed as a model of care whereby Aboriginal Aunties will form lasting and nurturing relationships with vulnerable Aboriginal parents and their babies.
- Playsteps – is an innovative, highly monitored, supervised and outcome driven eight (8) week program applying early intervention and prevention practices. It places emphasis on relationship building through play and has proved highly acceptable to fathers and Aboriginal families. PLAYSTEPS helps a parent/carer to develop secure attachment with their infant or toddler (newborns to age 3) to improve life outcomes and optimise their social, emotional, and educational pathways. The program has been successfully implemented to enable 'reunification' of a parent/carer whose child/ren has been removed at the direction of 'Child Protection. EPC staff have been trained and mentored in implementing and evaluating Playsteps as a collaborative project, funded by the NPDI.
- Collaborative research and evaluation of programs and pilots - between EPCs and leading research institutes
- Shared IT system development between EPCs - current project

Adoption of group therapeutic programs across EPCs that are trialed and piloted as effective models of service with strong long term outcomes – eg Playsteps and Tummies to Toddlers.

Solution:

Encourage more collaboration by funding partnerships. Whilst open processes for tendering are important and an equal playing field is necessary, competitive tendering processes can work to undermine collaboration. Funding partnerships, including partnerships with government and statutory services placed in the community and working with the community is critical.

Situation:

With health sector reforms it is timely to ensure that the positioning of EPCs as hospitals and not primary health services is re-emphasised. The importance of links and referral pathways between EPCs and primary health services, child care and education services has already been stressed in this submission.

Solution:

Strengthen referral pathways. Further strengthening of the referral pathways between maternity hospitals, paediatric units, mental health services and mother/baby units is required. Strengthening ChildFirst and family service referral pathways is also of critical importance to provide access for highly vulnerable infants.

Situation:

The major factor preventing EPCs doing more with families involved with child protection services is capacity. Intensive therapeutic programs of support are necessarily long term and the cost per family is high. Residential and home-based services are expensive.

Solution:

Invest in evaluated alternative models of practice. Interventions like Tummies to Toddlers where specialist early parenting staff work with families from about 26 weeks of pregnancy until a child is 2 years old have delivered great results and are a cost effective option. Ongoing funding for this initiative, given it has proven results, must be funded on a recurrent basis. Programs such as these can be readily conducted regionally as well as using existing infrastructure.

Situation:

EPCs have developed considerable expertise in working collaboratively with child protection services to deliver PASDS. Delivering these services over the past decade has resulted in high level of skills in developing strong partnerships with families, whilst maintaining a clear focus on the child.

Furthermore EPC PASDS services are highly valued in legal decision making. Timely decisions during infancy are critical to support secure attachments and act in the best interests of the child. Capacity in PASDS services has not kept pace with the estimated 9% per annum increase in the work of the Children's Court, resulting in a lack of access to the support and skills development aspects of this intensive service model. As a result of the trusted expertise in this work that EPCs have built up, we are well placed to also do work in a less adversarial context.

Solutions:

Set up a conciliation system for placement prevention. The setting up of a conciliation system using EPC expertise and the established matrix of risk assessment may deliver better outcomes for families in terms of placement prevention as well as building trust in engaging with universal services.

Encourage sharing of expertise. Collaborative and informed practice around working with parents of highly at risk infants is an identified gap in sector knowledge. EPCs have the potential to share this expertise across the child and family service systems if funded to do so.

MANAGING GROWTH AND DEMAND

Situation:

Growth in service need and demand in early parenting, across the service system is huge. Melbourne's west and southeast are known to be some of the fastest growing regions in Australia. In Victoria, the birth rate and population growth have both increased dramatically. At the same time, EPCs see more babies discharged with health issues including issues relating to prematurity, drug exposure *in utero* and complex medical needs. Demand on universal services has increased accordingly and so too has demand in secondary for secondary and tertiary services.

Solution:

Managing service demand. Managing this growth in service demand commands a different approach that includes developing a sensitive approach to a broader range of cultural and specialist need services. In our view, this approach must commence from a universal perspective using technology as well as more traditional services to exchange accurate and validated information.

Capacity of the sector must grow to meet the growing birth rate and demand. This of course requires an increase in recurrent funding. It also requires investment in infrastructure and a capital development program for early parenting services, as important health services and public hospitals supported by Government.

Situation:

Parenting information. Parenting information is today accessed in a range of ways that may not include the advice of expert or specialist services. Online include social networking and chat rooms are a major source of parenting tips. Some of this advice can be confusing, conflicting or even false and risky for a child or infant.

Solution:

Establish a collaborative 'go to' internet site for parents. As a universal platform we can cost effectively provide some parenting advice and service access information using these media. While there are various very credible sites on parenting (eg Raising Children's Network) families need to know they exist or find them. More often it is through less formal means that information is gleaned. Many parenting concerns can be "fixed" in this way, creating service capacity for those needing more intensive support.

Situation:

We already know what has to happen if Victoria is to engage with and support more families and that is to grow early parenting service capacity.

We already know what does not work, and continuing to pilot different cost effective models of service is **not** the answer.

EPCs have, with their own funding, trialed and evaluated cost effective service models. Government has also piloted programs, such as Stargate, that have been proven to have excellent longer term outcomes for children and their families.

Currently there is no common data collection. Reporting is throughput rather than outcome focused. In order to grow sector capacity this needs to change with evidence based improvements being vital so that there is an in built continuous improvement mode of operation within the sector.

Solution:

Trust the evidence. It is time now to stand by the power of investment and to fund successfully trialed evidence based programs rather than continue to run out different cost-effective models of service. It would be timely for government to support research and evaluation in parenting programs to ensure that services are continuously improved and based on current evidence and research findings.

The government must start funding common data collection which is useful for benchmarking and research to drive improvement.

APPENDIX 1

A NEW APPROACH TO EARLY INTERVENTION - TUMMIES-TO-TODDLERS: PILOT PROGRAM OVERVIEW

QEC conducted a pilot program for a target of fifteen (15) women in the Greater Dandenong area of South East Melbourne. The pilot phase applied an 'action learning' approach over two years. The program model combined home visiting and group sessions engaging at about 26 weeks of pregnancy and continuing engagement until the child is 18 months old.

The pilot commenced with the referral process in August 2008, developed a full project plan for delivery and engagement with stakeholders. It concluded in January 2011.

Aims and Objectives, and Anticipated Community Benefits

The pilot project aimed to maximise the window of opportunity during pregnancy when parents are highly motivated about their unborn child by incorporating a childbirth preparation program that helps vulnerable parents prepare for the future relationship with their child. Parents would learn infant cues and the expected behaviour patterns of the unborn child and explore issues around being a parent.

Brain development research over recent years has demonstrated:

- The brain develops rapidly in the first three years of life
- Neurons are present at birth and the neuronal pathways and synaptic junctions are formed by repeated use of the pathway
- Responsive reciprocal nurturing in the early years helps 'wire' the brain
- Lack of stimulation and stress in the early years reduces brain development
- Positive interactions in first years of life correlate strongly to intellectual and language capabilities and ability to form secure attachments to major caregivers
- Maternal verbal and physical responsiveness correlated positively to developmental status
- Caregiver tendency to provide stimulating and positive interactive experiences related to mental and linguistic abilities in children at 24 and 36 months.

It was hypothesised early interventions would hopefully result in a reduction in the need for longer-term interventions and this would provide cost savings to the health system and broader community.

Tummies-to-Toddlers Program – Unique for Victoria (and Australia)

The introduction of the new Children, Youth and Families Act 2005 now allows services to reach out further and consider the best interests of the unborn child. Potential risks for children can be identified in parents before a child is born. Currently there is an identified gap in the provision of services able to meet the needs of vulnerable families. This raises the opportunity to be proactive and provide future parents with services to prepare for life after birth. Current antenatal services are limited in their capacity to incorporate attachment work into their current service model.

The development of sustainable partnerships within this project between QEC and the existing antenatal clinics facilitated the incorporation of relationship based approaches to antenatal visits and assisted vulnerable families to make more meaningful connections with their child in utero that strengthen the relationship post birth and beyond and will hopefully be sustainable into the future. There is a strong emphasis on health and early year partnerships.

QEC developed a non-stigmatised model of investing very early in order to offer the child the best possible opportunity to help them grow into a healthy adult, with a sense of social connectedness and desire for community participation.

QEC directly responded to the social isolation factor by incorporating group interactions run by skilled clinical and nursing staff into the study.

This new way of working with non-communicative, untrusting, or anti-social individuals suffering from mental health issues, violent or abusive relationships, substance abuse or a lack of stable accommodation appeared to be one of the primary reasons for the program's success.

Tummies-to-Toddlers transformed these vulnerable individuals. They gradually began to display a change in their behaviour and showed more positive traits and positive bonding with their newborn child. Their fellow group members benefited from their more caring attitude and they developed a high level of trust towards QEC staff. Their attitude towards the 'system' became more relaxed and they became amenable to utilise the services that would be available to them once they concluded the program.

APPENDIX 2

WESTERN HEALTH AND TWEDDLE – A PARTNERSHIP TO STRENGTHEN FAMILY SUPPORT

Tweddle and Western Health have established a formal Memorandum of Understanding and partnership to:

- provide a range of community based perinatal support services
- strengthen referral pathways between universal services, hospitals and secondary early parenting services
- make service access for young families easier

The first joint service established is the delivery at Tweddle, in the community of ante natal classes. Tweddle commenced the program in March 2011. The antenatal program includes an extra session that will cover transition to parenting. Through this service Tweddle also works with hospital social work and specialist services departments to identify families that might benefit from more intensive support and referral to its programs. It has also created the opportunity to work with vulnerable families before birth.

Other programs are also under development -

- Direct referral from hospital to Tweddle mental health support services
- Provision of a residential bed at Tweddle for priority access for families and babies considered vulnerable within the maternity setting. This service will link to relevant Child Protection, ChildFIRST and family services to ensure longer term support of families as needed.
- Paediatric screening of all infants admitted to Tweddle.

Should new innovative programs such as group interventions (eg Tummies to Toddlers) be supported the formal partnership readily provides an existing referral pathway.

APPENDIX 3

BACKGROUND ON VICTORIA'S THREE EARLY PARENTING CENTRES

O'CONNELL FAMILY CENTRE

Mercy Health O'Connell Family Centre (OFC) was built at the current site in Canterbury by the Family Care Sisters, affectionately known as the Grey Sisters, in 1949. The Sisters' work in caring for families with a focus on the welfare of mothers and children, commenced in 1930 in rural Victoria and in homes in disadvantaged Melbourne suburbs. In 1935 the service began parenting and mothercraft education, with Canterbury being a mothercraft training school from 1949-1978. The O'Connell Family Centre now has strong links with universities and training facilities and continues to support students.

The centre was registered as a public hospital in 1975 and OFC formally became an Early Parenting Centre in 1993 while retaining public hospital status. In 2006 OFC was gifted to the Sisters of Mercy. Mercy Health O'Connell Family Centre is now an entity of Mercy Public Hospitals Incorporated. OFC has a natural synergy with Mercy Hospital for Women and the mental health service and shares clients from their specialist services. This enhances opportunity for care and smooth transition into community.

OFC continues to provide residential and community based therapeutic programs for vulnerable families, with focus on the safety and development of the child. OFC admits families from across the state, in particular from the Eastern region.

THE QUEEN ELIZABETH CENTRE

QEC derived from the Victorian Baby Health Centre Association (VBHCA). The VBHCA was established in 1917 and opened the State's first Baby Health Centre in Richmond in the same year to tackle Victoria's high infant mortality rate in infants aged less than 12 months. From the 1920s the VBHCA mobilised infant welfare services and parent education, delivering to rural communities. In 1951 VBHCA gained new premises in Carlton and was named the Queen Elizabeth Hospital for Mothers and Babies. Services were provided to vulnerable young pregnant women, abandoned and unwell babies and parents needing additional support following birth. QEC also provided mothercraft and infant welfare nurse training until 1979.

The organisation was renamed The Queen Elizabeth Centre in 1986 and in 1998 its operations moved to purpose built premises in Noble Park. QEC's current specialist parenting interventions are delivered in residential, day, group and outreach home visiting settings. Outreach staff deliver services across the Southern and North and West metropolitan regions and the rural regions of Upper Hume and Gippsland.

Access to all QEC services is prioritised for vulnerable families and QEC is the largest provider of Parenting Assessment and Skills development services to the State's High Risk Infant Child Protection units and a partner in Child First alliances in City of Latrobe and Wodonga.

TWEDDLE CHILD + FAMILY HEALTH SERVICE

Tweddle was established in 1920 as a baby hospital. It provided services from its current site in Footscray as well as having mobile services in the northern suburbs of Melbourne. Services were provided to sick babies, foundlings and children who were subjects of abuse and/or neglect. Until the 1980s it was also an accredited training institute for mothercraft nursing and it provided a component of maternal and child health nurse training. Adoption services were also provided.

Today Tweddle provides a range of centre based and outreach programs to support vulnerable families. The programs are evidence based and therapeutic in nature. Services are provided in Melbourne's north and west, Geelong, Werribee and Terang.

Tweddle also has a strong research focus and has for at least ten years undertaken research that has led to real change and development of practice. Research with the University of Melbourne led to the establishment of a multidisciplinary approach and the introduction of mental health and social support services.